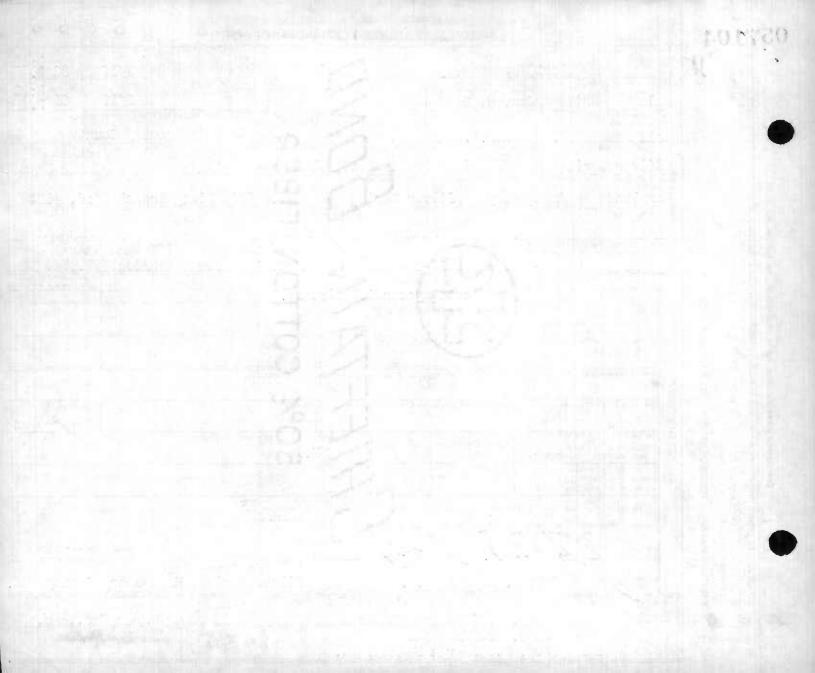
		STATE OF MARYLAND FOR Film G614 item 16b DEPARTMENT OF HEALTH AND MENTAL HYGIENE
(	155082	- STATE AVIOLOGY
	JU DUCK	REG. NO.
		DECEASED NAME PINST  ANDDE  AN
	OR. URS URS	
	SECE	SEX 4. RACE 5. DATE OF BIRTH 16. AGE (IN YEAR) 15. UNDER 1 YR. IF UNDER 24 HRS 20. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED
	ON 200	F /3/ Sept. 29.5/ 21/248. DEAD /- CB & 19/8 A M
1	EESS.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) 9 BALTIMORE CITY OR COUNTY OF DEATH
	PELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. A PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS DS, 201 W. PRESTON STREET,	MO. U.SA. WIDOWED DIVORCED DIV
	SEE BER	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, ENVESTIGATE ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK)  OR INDUSTRY
	ELA L PA S 2 2 2 3 2 3	mey Mond Lewersh Horn Domestic
	- m=0x	SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  B. STATE , 136 COUNTY , 13c CITY OR TOWN 13d. INSIDE (ITY LIMITS) 13e. STREET ADDRESS //
	AND AND RETA	Md Mont. Olmer YES NOW 19914 2, on RA
	MATH. IF	FATHER'S NAME  FAST  IS MOTHER'S MAIDEN NAME  MIDDLE  LAST
	DRE, M M PM M PM Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	Charles Ellison LAST Minerva Selby
	PAGE ON ON ON ON	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT, ADDRESS
	BALTIMORE, MD. S. AFTER DEATH. III. GIVE PAGES 1, 2, TITH FORM PM. 3. PAGES LAND 2 S IVISION OF VITAL	(YES, NO OPTURENOWN) (IF YES, GIVE WAR OR DATES) 215-50-9645 Charles Ga. they (husband) same AS
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ) _
	THESTON ST., THEN HOUSE OF THE	PARTIDEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  BY on child AS Thm2.
	O ZEOR NO	DUE TO, OR AS A CONSEQUENCE OF
	量 (主張2003年	Conditions, if any, which
	N NAME OF STREET	gave rise to immediate (b)
	NAKE B	lying cause last.
	ANK ANK	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
	DIVISION OF VITAL RECORDS S CERTIFICATE SHOULD BE ELE RITING THE WORD "PENDING ROED TO THE CHIEF MEDICA E 3 SHOULD BE USED AS A BUT E DEPARTMENT OF HEALTH OUT PRIOR TO BURIAL, CREWAT	
	TAL RECHOUD BY TAU REMAINS WEED AS OF HEAL CRIME.	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  211. INJURY OCCURRED  212. PLACE OF INJURY (ATHOME.  STREET, FACTORY, FARM. ETC.)  STREET  STREET  CITY OF TOWN  COUNTY  STREET  CITY OF TOWN  COUNTY  STREET
	SHOUR CHIEF CHIEF TOF HE	None YES   NOTE
	N N N N N N N N N N N N N N N N N N N	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	A THE STANDARD	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19
	ISIO TISIO	21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 211 LOCATION
	PIS CHIEF DE SOL	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	DIVISION OF VII  NRE: THIS CERTIFICATE SH ICATE, WRITING THE WOR ICATE, WARTING THE CH ITOR: PAGE 3 SHOULD THE STATE DEPARTMENT AND, 21201 PRIOR TO BUS	
	A P S S H S	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my apinion
	ME BE EN	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,
	A WE SEE	ACTUAL TITLE (SPECIFY)
	SHEAL SHE	SIGNATURE SIGNED WOOD MEDICAL EXAMINER SIGNED WOOD 1718
	I WOR	EXAMINE YOUR SHAME
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE PERFER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	(TYPS OF PRINT)ADDRESS
		Burial 236 Date 226 Name of CEMETERY OR CREMATORY Burial 2-11-86 Mt. Zion Cemetery Mt. Zion, Montg. MD
07. 25/		
	DHMH - 17	NAME ADDRESS N. Washington St.
	(VR A15 ME (5))	George R. Snowden Rockville, MD 20850 FRO 1 1 1008

SERVED SANTERS OF SANTERS State of the state Total desired found for Donal to got a POLES 2 41661 N 1861 N 1861 S STORY STORY EAST Charles with the entrant of the and the second MA LANGE The second of the second

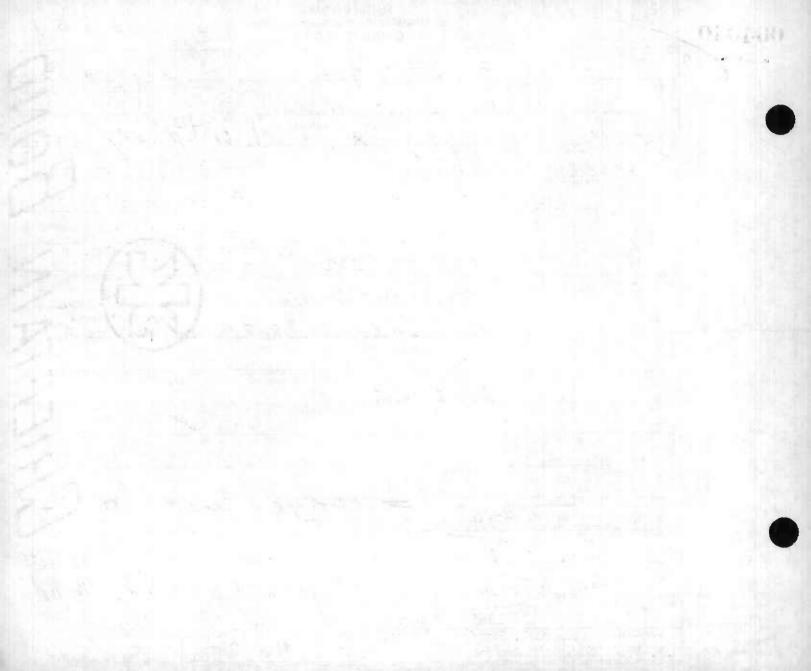
STATE OF MARYLAND FOR RTMENT OF HEALTH AND MENTAL HYGIENE - STATE 057104 REGISTRAR DECEASED NAME 20 DATE KNOWN X 26. HOUR B: 02 (TYPE OR PRINT) OF ESTI-Robert Garrison 4 RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2c. DATE DAY LAST BIRTHDAY) PRONOUNCED 2/16 1986 Male White Jan. 4, 1940 46 DEAD 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED X Montgomery County Washington, D. Silver Spring 8650 Piney Branch Road, #100 Mechanic Brake Service 134 INSIDE CITY LIMITS? 130 STREET ADDRESS Montgomery Silver Spring NO X 8650 Piney Branch Road, #100 Maryland YES FATHER'S NAME 15. MOTHER'S MAIDEN NAME Earl Pauline Reinhart. Garrison ADD SEPS Kent Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (Brother) IYES, NO. OR UNKNOWN I LIE VES GIVE WAR OR DATEST 219-36-8757 James E. Garrison Manassas Pk. Va. Na APPRO 221 10 DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0. None 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 21a EXTERNAL CAUSE WAS 215. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK 220 I certify that I taak charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) DATE SIGNED 2/17/86 Deputy SIGNATURE 1919 Seminary Road John S. Rogers, M.D. Silver Spring, Montgomery County, Md. 23d LOCATION Burial Feb. 20. 1986 Fort Lincoln Cemetery Brentwood, Prince Geo., Md. 07/84 14 FUNERAL DIRECTOR Francis J. Caldins, Jr. **DHMH - 17** 500 University Blud, W., Silver Spring, Md. (VR A15 ME (5))

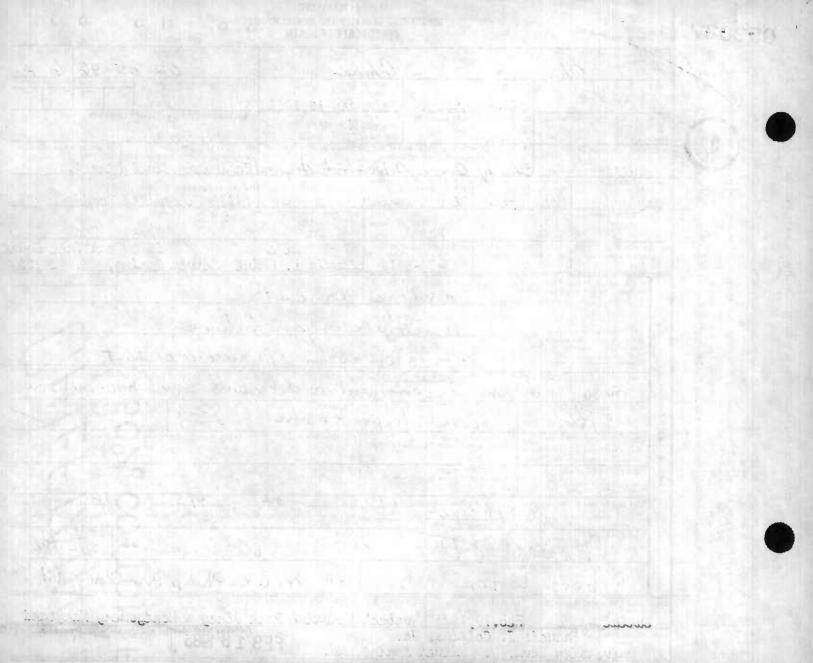


DHMH - 16 60M 7/8 (VRA 15, 4)

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	' -	REGISTRAR				CERTI	ICATE OF DEAT	H	REG. N	0			
	I. DEC	CEASED NAME	FIRST		AIDDLE	-	LAST		20 DATE OF DEATH		DAY YEAR	2b. HOUR	
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	1/5E)		~ 1 3	4. RACE	G		OF BIRTH		& AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 24	7.4.
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X	-	Silvelon	۸.	0		STREET ADDRESS	ch		(TYPE OF WORK FOR MOST C	F WORKING LIFE		TATO	
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M	/CA	ARLOS			GAVIN		PURIFIC	CACIO			GONZALE		
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	ATI	90 DATE OF OPERATE	ON	TISK CONDI	DITION FOR WHICH OPERATION WAS PERFORMED			)	200 AUTOPSY?	206 IF YES	, WERE FINDIN	JGS LISED	
1	F.	DATE OF CRAIN	0,1	178. CONDI	oition for which operation was performed				200 ADTOFST	IN CERTIFY	YING CAUSES	OF DEATH	1?
	CERTI								YES NO	YES		NO 🗌	
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		saw the deceased		1-01-		4/	nd that in (my) (aur)	apinion d	eath accurred an the de	ate and hour		, ,	
		obove, (1) (we) (die			after death	, ,			ann accorred an me a	ne and noor			eu
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	23a B	SURIAL, CREMATION, R	EMOVAL	236 DATE		23c. NAME OF	EMETERY OR CREM	ATORY	23d. LOCATION	-			
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	-	UNERAL DIRECTOR		241/0		ALKEAX	MEMORIAL	PARK 25a DATE	FATREAX REC'D. BY REGISTRAR	25h DECICTE		IRGIN	_AII
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OFOROU		REGISTRAR			CERTITION	CATE OF DEATH		REG. NO.			
· · · · · 10		CEASED NAME		MODEL	2 /		2a DATE OF	DEATH MONTH	DAY YEAR	26 HOUR	
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E T	J. SE	4 10	RACY )/A	14	5. DATE OF	DAY YEAR	6. AGE (INY	ARS LAST BIRTHDAY	A CHADES THE	THE RESERVE OF THE PARTY OF THE	-
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22	_	4	ontgomery	Silver S		YES NO X		Grove Str	eet / 2	20910	_
day day	13 FZ	THER'S NAME	MIDDLE	LAST		S MOTHER'S MAIDEN N		MIDDLE		LAST	
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xecund o		VAS DECEASED EVER IN U	.S. ARMED FORCES? YES GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT Mr.				1,	
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the state of the s		Carlotte Service	DUE TO, O	RAS A CONSEQUE	NCE OF	-+1 t	4.41	, , , , ,	Kn	الم ومان	
ep 19		Conditions, if any, who		organina	ef Alls	rg cour muan	10 10 1-10	en and free	2/1	100/2	_
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tho de by or of			(c)								_
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een gering in ten	5	190 DATE OF OPERATION	LIST COND	habeles 1	OPERATION	WAS PERFORMED	20a AUTO	DSV2 20h IE V	ES WEDE EIN	IDINGS USED	
as b	5	140 DATE OF OPERATION	IN COND	INOINTOK WHICH	OFERATION	WASPERFORMED		MIN CER	TIFYING CAU	SES OF DEATH?	
The sicion of the house progress	CERTIFICATION	21a, ACCIDENT WAS UNDERLY	NG T 21b. TIME C	F IN IURY		21c. HOW INJURY OCCU	IRRED (ENTERNA	NO P	YES	NO [	_
PHYSICIAN: ending phys this certifica the buriol-tron ad Mental Hy		OR CONTRIBUTING CAUSE	OF DEATH HOUR A.	M. MONTH D			JANES (EMERAL	TORE OF THE OWNER OWNER OF THE OWNER	0 - ANT - ON - ANT	.,	
YSIC sing s cer Ment	MEDICAL	(IF EITHER NOTIFY MEDICALEX	AMINER) P.		19	211 LOCATION			-		
the the	A.	WHILE NOT WHILE	(AT HOME STI	REET FACTORY OFFICE, F	ARM ETC }	STREET		CITY OR TOWN	COUNTY	STATE	
OINO or o Affe elsh mork		22a.1 certify that (I) (the		a deceased from	200 0	2-22-10 50	7 10	2-27	10 8%	_, that (1) () los	-
OR: OR:		saw the deceased al	ive an	6 19 3	76_, one	that in (my) (am) opinio	in death occurre	d on the date and h	our and from		
OR ATTENDIN e hospital or DIRECTOR: Af iched for use o Dept of Health		22b SIGNATURE	did nat view the bady	after death.	D	EGREE			22c DA	ATE SIGNED	-
1 2 2 2 2 2		Mari	4. Th	Aun	1	ATTENDING	MEDICAL	STAFF PHYSICIAN	Fel	Mery 27 19	:0
PITA be do		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	ann	- 1	The ADDRESS	DIRECTOR	O i	2	veggo (1)	04
TO HOSPITAL retorned by 11 TO FUNERAL should be det with the Store		AARM	H-TOAKIN	1.		8915 aug	VIA AND	osilven V	Dring	Mariland	
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	24 F	JNERAL DIRECTOR ROL						EGISTRAR 256. REGI			-
DHMH - 16 60M 7/84 (VRA 15, 4)		A. 7557 Wisco					MAR 3	1986	Laindan	-Randage	
	1					7		LIVE WAY	A comment of	THE RESIDENCE AS RESIDENCE	





## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤱 CERTIFICATE OF DEATH

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John Davidon Randoll

		114 0 10 1111 111					REG. N	U.			
		CEASED NAME FIRST		MIDDLE	All of	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	25 HOUR	
)	_	Evely	n Ma	rie	Gish		Februa	ary 2,	1986	9:30	A
	1.5E)		4 RACE		5 DATE		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR		
	1	Female	White		Apri	1 7 1929	56	YRS	MONTHS! DATS	HOURS	MIN
24		RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	THE COLUMN	
6		ennsylvania	United	States	WIDOW		Montgome	ery Co	unty		MD
	M CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINES	S OR
6		Bethesda		é Clinica		nter	Teacher		Pia	no	
2	Pe	AL RESIDENCE HE NURSING HOME STATE nnsylvania 136 COI Dau	OR OTHER INSTITUTION UNITY Phin	134 CITY OR TOW Hershey		136 INSIDECITY LIMITS?	13e STREET ADDRESS 1044 Cocoa	Ave.	9	7033	K
2	I. FA	Samue1	WIDDLE	Habeck	er	15 MOTHER'S MAIDEN NA Effie	AME		Coop		
3		MAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS			
9	()	YES NO OR UNKNOWN) (IF YES. (	GIVE WAR OR DATES)	198-22-9	9538	Mr. Donald	Gish, husbar	nd s	ame		
		18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b), and	dicu				APPROX BETWEEN	ONSET AND DE	AI EATH
		PART I. DEATH WAS CAUS	SED BY ATE CAUSE (0)	Hypotensi	lon						
			DUE TO O	R AS A CONSEQUE	NCF OF						
	Ú.	Conditions, if ony, which		Cardiopul		rv arrest				100	
	5	gave rise to immediate couse (a), stating the		R AS A CONSEQUE			L Children				
		underlying couse last.				noma; diffuse	fungal infe	ection	1		
		PART 2 OTHER SIGNIFICAN								a	
_	CERTIFICATION							100			
	ICA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI		1?
_	RTIF						YES 🔼 NO		s 🔼	NO 🗆	
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216 TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS P	PART   OR PART 2)		
	CAI	(IF EITHER NOTIFY MEDICAL EXAMIN	(ER) P.		19						
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	ARM ETC )	211 LOCATION	CITY OR TO	)WN	COUNTY	STA	16
	-	AT WORK NOT WHILE AT WORK			7.4	1 21 06					
	0.3	220.1 certify that (X(this has saw the deceased alive of	pital) attended th			ary 24 19 80	Februar			thoX11 (we	
		above (Xiwe) (did) (d()	view the body	y 2 after death. 19_8		nd that in Ky) (aur) opinion	death occurred on the d	ate and hav			ed
	100	22b. SIGNATURE	, rule	MI		DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE	SIGNED	
_		7110	04	1 43		PHYSICIAN	DIRECTOR PHYSIC	CIAN X	2/3		
		22d. PHYSINA THAME LIVE	SP PRINT)	TASUK		27e ADDRESS Natio					
		MIN	1	(11)		Clinical Ce		sda, M			
	1	BURIAL, CREMATION, REMOVA	rebrua	ry o,		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	sylva	nia
		Burial	19	86 Gra		ill Cemetery	N. London				
	24 FL	JNERAL DIRECTOR Rober	t A. Pumi	hrey Fun	era]	Homes. 250 DA	TE REC'D. BY REGISTRAR	756. REGIST	RAR'S SIGNAT	URE	

74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes,

P.A., 7557 Wisconsin Ave., Bethesda, MD. 20814

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

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	S = 휴명 =	10 CI	TY OR TOWN OF D		NAME OF HOSE	PITAL, NURSING H	OME, OR OTH	ER INSTITUT	ION I	26 USUAL OCC	UPATION (TYPE O	F WORK 12	D. KIND OF BU	JSINESS
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100	Bao N	16a. V	Joseph VAS DECEASED EVE ES. NO, OR UNKNOWN)	R IN U.S. ARMED	FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORM	NANT 80	19 Eas	ternesa	ve:	Sil.	Spq.
	五 福王顺一		No			213-38-2	691	Dr.			dstone		Marvl	
	7 22 7		18 CAUSE OF DE	ATH (Enter only a	ne cause per line	far (a), (b), and (c).			- 1				APPROXIMATI	E INTERVAL
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	五名品品名	Ĕ	200										YES 🗌	ХХои
	OF VI	CERT	210 EXTERNAL CA	USE WAS	216. TIME OF	INJURY MONTH DAY	21c H	OW INJURY (	OCCURRED	ENTER NATURE OF	NJURY IN ITEM 18 PAR	RT 1 OR PART 2		MIN
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	NA PROPERTY	-	death resulted fro			Accident Y	Suicide	, Hamicie		Undetermined n		iii iiiy apiiii	uii	
	A THE SECTION		BS-11-11			0		TITLE (SP	PECIFY)					
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1		OR PRINT)  John	Francis	Gleason	February 19, 1	986 75 HOUR 11:37
ge 4 may	3. SE	Male	White	5. DATE OF BIRTH  Oct. 31, 1922	6. AGE (IN YEARS LAST BIRTHDAY)  63  YRS.	IF UNDER LYEAR IF UNDER 24 HRS
69		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	TO DAILTHANDE CITY OF COUNTY	OF DEATH
1 1 25		TY OR TOWN OF DEATH Rockville		NG HOME OR OTHER INSTITUTION Ventist Hospital	128 USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKING LIF Retired U.S. Gov	126 KIND OF BUSINESS OR INDUSTRY C.I.A.
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MIST		John	F. Gleas		MIDDLE A.	Seamen
on and c		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT 184-14		ADDRESS  1. Gleason same as	s 13e
that the death certificate d by the attending physics lease remove carbon paper ial, cremation, or removal. ar other traumatic event, th		PART I. DE ATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	incolory ta	where disen	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
low requires  S been signe ermit Then pl e prior to bur rs any injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE TER	20s. AUTOPSYT 20s. IF YES	S. WERE FINDINGS USED YING CAUSES OF DEATH?
ATTENDING PHYSICIAN: The ospital or attending physician ECTOR: After this certificate hid for use as the burial-transit p.t. of Health and Mental Hygien m.21 is marked or Item 18 shown 21 is marked or Item 18 shown 21 is	MEDICAL CERTI	The ACCDENT WAS UNDERSTRING OF CONTRIBUTING OF CAUGE OF DE LIFE THERE TOGETHY MEDIC OF EXAMINING THE INJURY OCCURRED OF THE INJURY OCCURRED OF THE INJURY OCCURRED OF THE INJURY OF THE	HOUR A.M. MONTH D. P.M.  P.M.  PLACE OF INJURY INTHONE TREET FACTORS OFFICE.	AT YEAR 19 PH LOCATION STREET	PES NO X YE  RRED (Exited scartifle Dynamics on their car  CITYON TOWN  1 to 2 19  I dreath occurred on the date and hou	COUNTY STATE  19 26 that IT (we) fast r and from the causes stated
HOSPITAL OR ned by the h FUNERAL DIR. I'ld be detache i the State Dep ORTANT: If he		Carrell	D. Whitmy &	ATTENDING PHYSICIAN 1794 ADDRESS 10301 Geo	MEDICAL STAFF DIRECTOR PHYSICIAN D	2-20-81

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

<sup>74</sup> FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 \*\*Rockville Pike, Rockville, \*\*OMd. 20852

236 BURIAL CREMATION, REMOVAL 235. DATE 2/22/86

Gate of Heaven Cemetery Cityon Silver Spring; Maryland 250 FEE 2 & REGISTRAR SSICOLA PLANTS

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1.	DEC!	EASED NAME FIRST	MIDDLE	·	AST	TO	2a DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
		Viol	a Mildre	d Goo	ldard		Februa		2 186	5:03
3	SEX		4 RACE	S. DATE C		YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAIS	HOURS MI
		Female	White	Dec.	19	1919	66	YRS		
70		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	NEVER	MAPPIED T	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
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10	CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME C		TITUTION	120 USUAL OCCUPATION	ON	126 KIND C	OF BUSINESS C
	lai	thersburg	430 Giraud				Housewif		i) INDUSTRI	
U		L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESID	ENCE BEFORE ADMISSION)		CITY 1 (1) 17C0				
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A 14	FAI	HER'S NAME			15 MOTHER	S MAIDEN NAM	ΛE			
3		John A	illison Es	tridge	Ton	etta	Frances	6. 2	Bake	
1 16		AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	CIAL SECURITY NO	17 INFORMA		ADDRE	3°3205	Superi	
	(YE	S, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	-24-5735	Georg	e C Go	ddard.Jr.	Rocky	ille M	1 20853
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		PART I DEATH WAS CAL	SED BY.	atolia 1	Brano	10 00	recinom	0	2	140,
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		gove rise to immediate	(b)	E GV P SE	73		F-1007.03-102			
		couse (a), stating the underlying couse last	DUE TO, OR AS A C	ONSEQUENCE OF						
7 L	H	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED	D TO THE TERMI	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
			_							
7	Ā	90 DATE OF OPERATION	19b CONDITION FO	R WHICH OPERATIO	N WAS PERFO	ORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDI	NGS USED
1	E						YES TI NOT	IN CERTIF	YING CAUSES	NO
7	CERTIFICATION	710. ACCIDENT WAS UNDERLYING			21c HOW IN	NJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 P	ART 1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF		ONTH DAY YEAR		-				
	WEDICAL	216 INJURY OCCURRED	21e PLACE OF INJUR	RY	211 LOCATI	ION	CITY OF TO	A Ph.I	COUNTY	STATE
	¥	WHILE NOT WHILE -	AT HOME STREET, FACTO	DRY, OFFICE, FARM ETC ]	STREE	_	CITY ON TO	NN	COUNTY	SIAIE
		220.1 certify that (1) (this be	stiful) attended the deceas	sed from	2/6	19.76		12	19.86	that (I) (we) I
		sow the deceased plive	on 12/16	19 86 .0	nd that in (my)	) (gur) opinion o	death occurred on the do	te and hou	r and from the	couses stated
		22b. 81@NATURE;	not! view the body after dea	ath	DEGREE				22c. DATE	SIGNED
		Catelory	o. M. Che	4a m			MEDICAL STAF		11/	2/96
7	1	224. PHYSICIAN'S NAME (11	PE OR PRINT!		22e ADDRES		J DIRECTOR   PHYSIC	IAI4 L	1-/-	700
			Catherine M. Chura							
2	2a Pi	IDIAL CREMATION REMOV	18111 Prince Philip		EMETERY OR	CDEALATORY	23d. LOCATION			
ľ	10 D(	JRIAL, CREMATION, REMOV	2/11/186				CITY OF TOWN	. 10	COUNTY	STATE
7	4 FLI	Burial NERAL DIRECTOR 1.10	7 33	Rockvil			Rockvill REC'D. BY REGISTRAR		RAR'S SIGNA	Md.
· ·	-	NAME COSSWELL	Janacion 3.	16 E. Dian	ond Av	e.	2 51 4000	1. K.	4. 20.	desta "
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR DECEASED NAME KNOWN COVER OF REAL OF ESTIrogolsk DEATH MATED AGE (IN YEARS IF UNDER DATE LAST BIRTHDAY) MONTHS PRONOUNCED 1640 8.6 July 14,1895 DEAD 10 IN BIRTHPLACE INTAKEOR TO CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREKIN DOUNTRY Penn. USA WIDOWED & DIVORCED IA-CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Homemaker 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. Montgomery Clarksburg NO [ 15531 Comus Road M FATHER'S NAME 15 MOTHER'S MAIDEN NAME Stanley Schap Kathrvn Krawiec 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMAN 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES! None 80 07 9502D Robert Gogolski (Son) Same as 13E 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO [ 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on and in my apinion death resulted from Hamicide Undetermined manner Notural causes TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 40 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23d LOCATION Burial COUNTY STATE 2/8/86 St.Adalberts, PMCC Dickson City Penn.

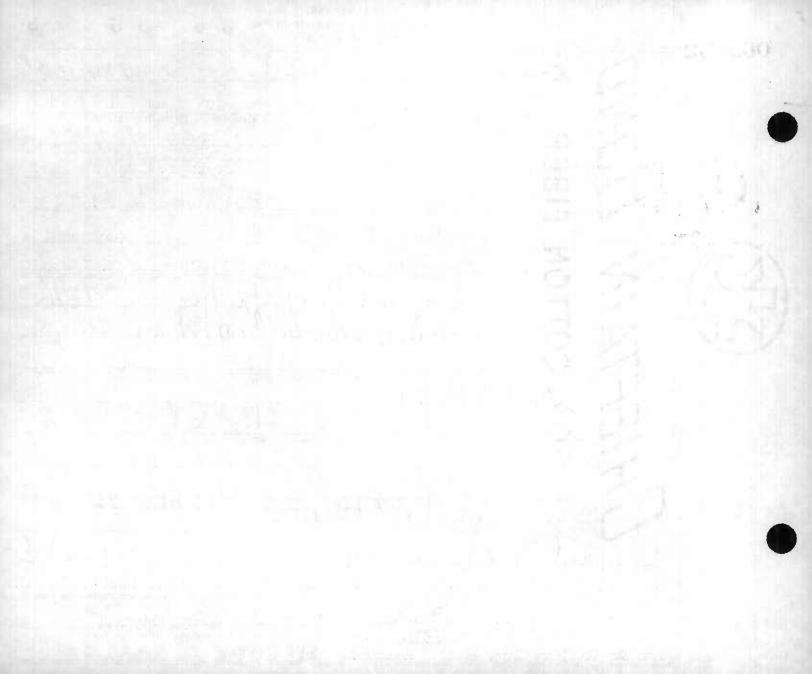
150. DATE REC'D. BY REGISTRAR'S SIGNATURE 07/04 24 FUNERAL DIRECTOR Hines/Rinaldi 11800 New Hamp. Ave. **DHMH** - 17 taka Wavidson-Handalae Silver Spring, Md. (VR A15 ME (5))

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## FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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L	REGIOTATA							REG. NO	).				
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1	ANIIN-SOCIIION	PHILIP		В.	GOLI	BERG		FEBRUARY 1	4,	1986		3:2	O AM
1	SEX.	4	RACE		5. DATE O	F BIRTH	6	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER		IF UNDER	
	MALE		WHITE		JANUA	RY 7, 1901	ſ	85	YRS	MONTHS	DAYS .	HOURS	MIN,
7	BIRTHPLACE (STATE	OR FOREIGN 7	L CITIZEN OF	WHAT COUNTRY	Y? 8.	178	- P	BALTIMORE CITY O	1.114		ATH		
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AL:	SILVER SPR			HOSPITAL, NURS		R OTHER INSTITUTION	7	TYPE OF WORK FOR MOST OF				FBUSINE	
Þ	UAL RESIDENCE (IF					-7107						7	17
1	MARYLAND	MONT	OMERY	SILVER	SPRING	134 INSIDE CITY LIM	115?	3. SIREET ADDRESS	XIP CC	DD DR	IVE	20	904
1	4 FATHER'S NAME				100	15 MOTHER'S MAIDE	ENNAME						110
1	HYMAN	W	IDDLE	GOLDBERG	T T	ALÍCE		MIDDI€		LAPA	TNÍČ	K	
Ti	60 WAS DECEASED E	VER IN U.S. ARM	ED FORCES?	166 SOCIAL SE		17 INFORMANT		ADDRE	SS				
ı	LAEZ HOOL UNKNOWN	(IF YES, GIVE	WAR OR DATES)	029-26	-8362	MOLLIE GO	LDBE	RG, WIFE, S	AME	AS I	TEM	#13	
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ı	PART 2 OTHER S	SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE	F TERMIN	IAL DISEASE OR CON	DITION	GIVEN IN E	PART 11	-	
		REXIA											
	190 DATE OF OPE		196 COND	ITION FOR WHIC	CH OPERATION	WAS PERFORMED		RE, PARA 200 AUTOPSY?	20b. IF	YES, WERE	FINDIN		
	190 DATE OF OPE		45.4					YEST NOT	IN CER	YES T	AUSES	OF DEAT	
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	OR CONTRIBUTION	CAUSE OF DEATI		M. MONTH M.	DAY YEAR	5911							
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П	22b. SIGNATURE	er (dia) (dia nati	view the bady	after death.		DEGREE				22	DATE	SIGNED	
ı	Fan	in P	me 1	/	n		ING M	MEDICAL STAF	F		2/	4/	86
1	22d. PHYSICIAN'S	S NAME (T	PRINT)				2400	CONNEC	na	TA	v	// "	
1	DANIE	e Ros	ENBL	-Um		K	ENS		MA		95		
2	3a. BURIAL, CREMATIC	ON, REMOVAL	23h 2716/			METERY OR CREMAT		23d LOCATION		40			1111
1	(SPECIFY BURIA	L	2/10/	00	MT. TEB	ANON CEMET	TERY	ADELPHI		PG	1.4	MI	SIATE
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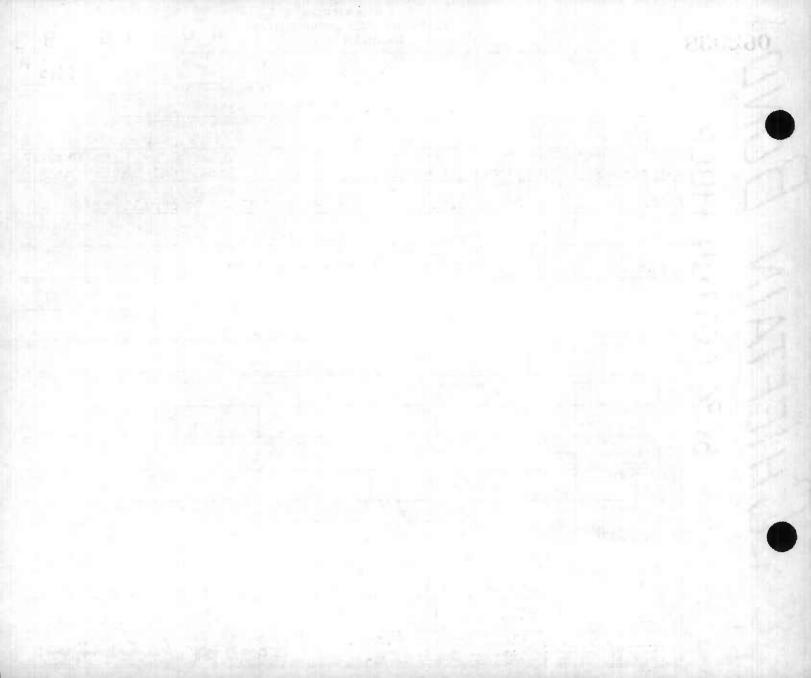
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PLEASE ECTOR. ? FILES. STREET,	3 SE)	John Jerrace	5. DATE OF BIRTH	6. AGE (IN YEARS )	Gonzalez	DER 24 HRS. 2c DA		2/13	3/ 19 86	771
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NA STATE OF THE ST	120 8	RTHPLACE ISTATE OR	76. CITIZEN OF WHAT COUL	44 YRS.			AD IMORE CITY OR		13/19 86	AM
ECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	FO	REIGN COUNTRY)	9/01	M.	ARRIED   NEVER MA	ARRIED	_			
AV IS NE PAGE 5 P	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU				ntgomery			MD.
S FIED SING			(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		FOR MOST OF V		WORK 12	OR INDUST	RY O
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D 2000 1	14. E/	THER'S NAME	WIDDLE	1	15 MOTHER'S MA	AIDEN NAME	CPINA		5	
A SERVICE OF SERVICE O	1	DEMOSES CO	Moote Town	LAST	13:0	ar	MIDDLE	1	orls-	
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BALTIM REAFTER S. GIVE PA WITH FOR PRAGESI DIVISION		ES, NO, OR LINKNOWN] (IF YES, GIVE W	9 227	12- 788	3 Delaren	fiseon	Do Bal	242	Aluch	- 27
2 2 8 5 E		CAUSE OF DEATH (Enter only	one cause per line for (a), (b)	), and (c) )					APPROXIMATE	VIERVAL
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OF SERVICE		MADY SELLI	DUE TO, OR AS A CO				-			
#\E38848		Conditions, if any, which gave rise to immediate	(6)							
* 2006		couse (a) stating the under- lying couse last.	DUE TO, OR AS A COR	ASEQUENCE OF	T					
A SEXES			(c)	100						
DIVISION OF VITAL RECORDS, 38  WER: THIS CERTIFICATE SHOULD BE EXCURE CATE, WRITING THE WORD "PENDING" FORWARDED TO THE CHIEF MEDICATE OR: PAGE 3 SHOULD BE USED AS ABBYING TO FHEALTH HE STATE DEPARTMENT OF HEALTH HEAL	z	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTERNUTING TO SEATH BUT NOT REL	ATED TO THE TERMINAL OF	SEASE OF CONDITION GIVEN I	M FART LIES			THE STATE OF	
A SA	CERTIFICATION	19s DATE OF OPERATION	11% CONDITION FOR	WHICH OPERATION	N WAS PERFORMED?				28 AUTOPSY?	
TAL HER OF HER	FIC.				S. W. A. H. S. H. S. H. S. L.				Continues.	
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N STATE OF SECOND SECON	1	UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR						
ISIC NG NG TO TO TO TO PRIO	MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY	(ATHOME 2H	LOCATION					
DIV HIS CI WRITI ARDE AGE 3 ATE D	×	AT WORK AT WORK	STREET, FACYORY, FABAL I	PC)	STHIST	CITY OR	DWH	COUNT	7	STATE
ATE, ATE, ORW		72s. I certify that I took charge	of the remains described abo	ave, held on Ar	dopsy X. Imper	chian . Inqui	ry D and	n my opini	non-	
<b>₹</b> ₫₩ <b>5</b> ₩ <b>5</b>		death resulted from: Natura	d courses Accident	. Sweide	Homicide	Undetermined		2119.00		
EXAA CERTI WITI		11	· N/7/	1 1	TITLE (SPECIFY		AND THE PARTY OF T			
CAL EXA THE CER SHOULD ERAL DIR SATH, WI		SIGNATURE DILL	in I muen	6044	MD Assista	ant MEDICALEX	AMINER	DATE SIGNED	2/14/	86
PET A SI	1	EXAMINER'S NAME	0.0	, , ,						
TO MEDICAL EXECUTE THE COMPAGE 4 SHOULD TO FUNERAL DATER DEATH, DATER DATER DEATH, DATER DATER DEATH, DATER D		(TYPE OR PRINT) DON	nis F. Smyth,	M.D.	ADDRESS	111 Penn	St.			
	Illu Bi	IRIAL, CREMATION, REMOVAL 73	E DATE	NAME OF CEMETER	Y OR CREMATORY	CUT OR TOWN	0	COUNTY	J str	Att
07/84 BP <u>53</u>	10.00	Kurel 3	1-18-1986 1	ew- calle	fred Com.	SACT	imals		hel	
DHMH - 17	1	JNERAL DIRECTOR	ADDRESS O		250. DA	TE REC'D. BY REGIST	RAR ZSB REGISTE	RAR'S SIGI	NATURE	11-11-9-
(VR A15 ME (5))	100	1 swar + son	ore. 901 Ho	eline It.	TITE BUILD	Q 1086 gw	his Davidson	-Nonda	1	1

The Party House, 1994 & p. 6 34 and the last term of the

P01730 occes and was a man a 11 -14- 32 2-41-11 ashimton Luce Columnia se. . . Todal in The Cole of .eV . wide willist estimate . .... Cardine Procet - Remine Had lot 11 S 42 - 12 - 14 8-14 80 Farmer Some Show GARY W Fried Miss. 639 Milin St. Lamel Mr. AVRO Burin 3 set 18th lepton too to training has notice that haveline There tradition asserted not therefore the to the

050000	FOR		DEPARTMA	NT OF HEALTH AND MENTAL	HYGIENĘ,	0 29 1 25 1
050068	- STATE REGISTRAR		MEDICAL EX	AMINER'S CERTIFICATE	OF DEATH O REG. N	U 5 5 8
	DECEASED-NA	ME FIRST	WIDDIE	LAST	20 DATE KNOWN	
12 00 ME TO	THE CENTER!	600	7	6 /	OF ESTI-	1 - 1/2 w Day 9 35
PLEASI RECTOR R FILE HO H	3 SEX	14 RACE 550	DATE OF BIRTH	GE (IN YEARS IF UNDER I YR. IF UNDER	R 24 HRS 2c DATE	MONTH DAY TEAR 24 HOUR
SECTION	1-	61 "		AST BIRTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	= 100 01938
1200X	T DUDYLUDIA CE	100	12/2/900	YRS.		E(1) 19 19 M
为公司主张	FOREIGN COUNTR	(Y)	CITIZEN OF WHAT COUNTRY	MARRIED DNEVER MAR	RIED 9 BALTIMORE CITY	OR COUNTY OF DEATH
25.5	PENNS		W.S.A.	WIDOWED DIVOR	CED [ Money	DIMENTO MD.
5.498	LI CITY OR TOW		NAME OF HOSPITAL, NURSIN	G HOME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (THE FOR MOST OF WORKING LIFE)	E OF WORK 126 KIN DOF BUSINESS OR NDUSTRY
200	0/3	med !	A -	nend Hoo	a HOUSEULII	EF OGGE
E 22468	AL RESIDENC	CE (IF IN DURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)		9,49,19
212	I AIL	1302001411	WASHII	VGTON DC YES X NO	5310 42 47	PACE N.W. 20015
W CASSET	14 FATHER'S NA		DDLE LAST	15 MOTHER'S MAII	DEN NAME	LAST
A A SECTION	ELME	ER T.	TRUMBON	VER MARGI	ARFT A.	WHITESELL
ON BEACH	160. WAS DECEAS	SED EVER IN U.S. ARMED		SECURITY NO. 17 INFORMANT	ADDRES	(SAME AS#13
E ESTABLISH	VO	(IF YES, GIVE WAR (	578-	54-6187 4/21	I GARDINE	ABOVE)
DIV G	18 CAUSE	OF DEATH (Enter only on	ne cause per line for (a), (b), and	100	v. Goding	APPROXIMATE INTERVAL
	PARTI	DEATH WAS CAUSED BY	1 1 1 1 1	10 1	1121 11.	BETWEEN ONSET AND DEATH
CON ST., 24 HOUR ITEM 18. PERMIT. GIENE, D	788	42 IMMEDIATE C	DUE TO, OP AS A CONSEC	US JOVO / 12 tel	7121 1401	mirhage
PRESTO THIN 24 JER ALO ANSIT PE AL HYGII REMOVA	Candit	tians, if any, which	DUE TO, OHAS A CONSEC	DENCE OF		0
RAP TAL	gove	rise to immediate	(b)			
ED W.		(a) stating the <u>under</u> - ause last.	DUE TO, OR AS A CONSEQ	UENCE OF		
EXA PRIAL LON,			(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RATING THE WORD "PENDING" IN PENCIL IN ITEM I ROBD TO THE CHIEF MEDICAL EXAMINER ALONG SE 3 SHOULD BE USED AS A BURIAL TRANSIT PERM TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN I	PART 1 (a),	
RECORDS TO BE EXE PENDING MEDICA DASA BU HEALTH AN	190 DATE (	1000	b/2 t 11.5			
SHOULD SHOULD OND "PE CHIEF A LUSED Y TO F HEL URIAL, URIAL,	190 DATE	OF OPERATION	196 CONDITION FOR WHI	CHOPERATION WAS PERFORMED?		20 AUTOPSY?
F VITA WORD WORD BE US BURICK	1 1	-27 26	Evacti	we ROHIB		YES O NOTO
OF NEW WENNER OF	210 EXTERI	NAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DA	21¢ HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
NO THE POST OF THE		NG OR ITING CAUSE OF DEAT	1 6 4	- FAR bell not	afbal	
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART	21d INIUR	YOCCURRED	21e PLACE OF INJURY (A	HOME. 21f LOCATION		
PIN NEED SIN	₹ WHILE	NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	Out L /	CITY OR TOWN	COUNTY STATE
I>244= /	ATWORK	AT WORK	1/1/100	14 acres	ned znowpy	My Min Man
NER: THE CATE, PORW POR PARTY	220 lce	rtify that I took charge af	the remains described above, h		on Inquir I, at	nd my opinion
EXAMNE CERTIFICATION BE FOUREGTO WITH THE	death resu	ulted fram: Natural ca	ouses . Accident	. Suicide . Hamicide .	Undetermined monner,	
EXAMI CERTIFICADID BE DIRECT	I GTHAI	/10	0/	TITLE (SPECIFY)		~ / ~
¥#5¥£ —	ACTUAL SIGNATUR	Contract the	1/6971	M.D. BET	MEDICAL EXAMINER	DATE SIGNED Feb12-1987
NEB SI	EXAMPLE	NAME				
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE ST BALTIMORE, MARMAND, 2	(TYPE OR P	RINT)		ADDRESS		
DAY DE A	230 BURIAL, CREA	MATION, REMOVAL 236 D	ATE 23c NAM	OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
( by 81/ BP 44	BURI	AL 2	15/1986 OAK	DALE CEMETER	Y HUNLOCK TON	INCHIP PENNA
25M 7 DHMH 17	24 FUNERAL DIR	ECIOCONTHURIO	alter 2540	ARROLL ST. N. (250. DATE		ISTRAR'S SIGNATURE
	TOKAMOF	WALL HOME !	NE WASHING	TONTIC 2001 FE	B 1 4 1986 Serlia	Davidson Bordese

The state of the s Temprania 11.5 th O Facely reconstitutional Hospitalite When it to A I was no will thee No. to cours ELMER F MUNICOVIER MARGARET A WHITESELL No. 1 278 Th 482 HAL J GOODING COMMENTS LESS FRETTON REFER 1 List 6 Holl and a theil The government and property of the FORESPER TOTAL MAN PART WASHINGTON JEST OF THE TERY HOME OCK BUSINESS TEAMS.
THERMAN HOME INT. WASHINGTON JESTONS IN THE SEC.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

CERTIFICATE OF DEATH LAST

20. DATE OF DEATH MONTH FEBRUARY 13 1986

BALTIMORE CITY OR COUNTY OF DEATH

2h HOUR

MARIE\_KELLY\_GOSSETT 4 RACE

MIDDLE

5. DATE OF BIRTH MONTH DAY YEAR SEPTEMBER 10 1913

& AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR

FEMALE To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Th CITIZEN OF WHAT COUNTRY UNITED STATES

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

CAUCASIAN

MARRIED NEVER MARRIED WIDOWED

DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MONTGOMERY 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE

HOUSEWIFE

12b. KIND OF BUSINESS OR INDUSTRY HOME

CITY OR TOWN OF DEATH BETHESDA

WHIAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13b COUNTY 13c CITY OR TOWN MONTGOMERY

SILVER SPRING

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

FIRST

13e.STREET ADDRESS / ZIP CODE 12511 WHITE DRIVE

MIDDLE

20904

IARYLAND 4 FATHER'S NAME

NO

FOR

REGISTRAR

DECEASED NAME

CANADA

- STATE

LEYPE OR PRINTS

1. SEX

NAVAL HOSPITAL

17 INFORMANT

MARY ELLEN OGLE

LAST

PATRICK JOSEPH KELLY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)\_\_\_

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PNEUMONIA

SPRING, MD 20904

414-62-348 EUNICE K. POPPER, 12511 WHITE DRIVE, SILVER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF chronic heart failure

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

AT HOME STREET, FACTORY, OFFICE FARM, ETC 1

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG

20a AUTOPSY?

CERTIFICATION 190 DATE OF OPERATION MEDICAL

71a ACCIDENT WAS UNDERLYING

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOF

FEBRUARY

IN CERTIFYING CAUSES OF DEATH? YES [

206 IF YES, WERE FINDINGS USED

OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED AT WORK NOT WHILE

PAA 21e PLACE OF INJURY

211 LOCATION STREET

CITY OR TOWN

COUNTY STATE

220.1 certify that (1) (this haspital) attended the deceased from FEBRUARY

22b. SIGNATUR

m

saw the deceased alive an FEBRUARY 13 abave, (1) (we) (did) (did not) view the bady ofter death.

DEGREE

ATTENDING PHYSICIAN

86

DIRECTOR PHYSICIAND

22c. DATE SIGNED 22e ADDRESS NAVAL HOSPITAL, NAVAL MEDICAL COMMAND.

226. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

CREMATION

M.PIERDINOCK, LCDR, MC, USNR

23b DATE

NATIONAL CAPITAL REGION, BETHESDA, MD 20814 23c. NAME OF CEMETERY OR CREMATORY

CHAMBERS CREMATORY

10 86

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

ld b

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(VRA 15, 4)

RIVERDALE, PGCO

POST OF THE PARTY OF THE PARTY

070223	3	1 -	FOR STATE REGISTRAR			DEF	PARTMENT OF	E OF MARYLAND MICATE OF DE	ENTAL HYGIE	ENE 8	6 REG. NO	0	5	5	8 4
	Ī		EASED NAME	FIRST		MIDDLE		LAST		2a DATE OF	DEATH A	AONTH			HOUR
ge 3			E	ELma		H	Gat	hmann		Febru	uary	14,	198	36	1:22PM
a d		SEX	Warran and Market	T	4. RACE			. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY) IF		IF UNDER		UNDER 24 HRS	
ge 4			Female		Whit	ce	Apri	L 3, 1	892	9:	3	YRS.	VIOINITS	DAIS	MIN.
Po Po	1	a. BIR	THPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COU	NTRY?	D NEVER MA	ARRIED KX	BALTIMOR	E CITY OR	COUNTY	OF DEA	ATH	
to a to	1		linois		U.S.	Α.	WIDOW	DI DIV	ORCED	Mon	tgome	ery			MD.
s offer o	1	Si	Lver Spr	rina	17220	New	URSING HOME ( E STREET ADDRESS) Hampst			TYPE OF WORK	FOR MOST OF		E) INDL	STRY JOKA	OWN
AND 212			L RESIDENCE (IF NURS				E BEFORE ADMISSION) R TOWN E Spr.	13d. INSIDE CIT YES 🔼	Y LIMITS?	3. STREET A	DDRESS O Net	n Hai	mphs	shir	e Aven
RYL THE	1	4 FAT	HER'S NAME		MIDDLE	LA!	51	15. MOTHER'S			WIDDIE		-5.4	1000	
WA B TILD	4		Louis			Gath		Hen	ereitt	ca				Ehle	
BALTIMORE, MARYLAND  one be executed within 24  one one competit file  one one one  one of the competition of the competition of the competition one of the competition of the competiti	/		AS DECEASED EVER		MED FORCES?		L SECURITY NO.	17 INFORMAN			ADDRES				er Spr
De e			No			578-	16-3542	Edith	Hays	8505	Spri	ungva			MD. TE INTERVAL SET AND DEATH
ORDS, 201 W. PRESTON ST requires that to appropriate the signed by the afficial part. Then please trace control or to buriol, cremation at to buriol, cremation at the injurient.		TION	PART 1. DEATH W  Conditions, if any, gove rise to imm cause (a), statin underlying cause  PART 2 OTHER SIGN	which nediate ig the lost	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO	R AS A CON	SEQUENCE OF	NOT RELATED T	O THE TERMIN	NAL DISEASE					
AL RECC	1	CERTIFICATION	90 DATE OF OPERAT	ION	196. COND	ITION FOR W	VHICH OPERATIO	N WAS PERFOR	MED	YES [	NO D	20b. IF YES IN CERTIF YE	S, WERE FYING C.	AUSES OF	S USED F DEATH? NO []
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law required of the service of the service has been sign as the buriol-tronsit permit. There is and Mental Hygene prior to borked or them 18 filters ony injury.	11		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEA	TH HOUR A.	M. MONT	H DAY YEAR	21c. HOW INJI	URY OCCURRE	D (ENTERNAT	URE OF INJURY	TIN ITEM 18 P	ART I OR P	ART 2)	
UVISION  JG PHYS  AG PHYS  Affect this of the but hand Me and Me		MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR		210 PLACE		OFFICE, FARM, ETC.)	211 LOCATION	7	invert.	CITY OR TOW	N	CON	NTY	STATE
NDIR R. Al Jeolt			22a 1 certify the (1)	this hospit	(al) offended th	e deceased t	from 30	T	19 8 6	_, ta	14		19 8	, ,,,,,	t (I) (we) lost
R ATTE hospitc IRECTO hed for hed for tem 21			above, (1) (we) co	dolive on	t) view the body	after death.	19 <u>8</u> , a	nd that in (my) (a	aur) apinian de	oth accurred	on the dot	e and hou	r and fro	m the cou	ises stated
AL O The Odetoc detoc oute D of H IT. # I	_		226. SIGNATURE	· E.	220	34			TENDING THE	MEDICAL DIRECTOR [	STAFF PHYSICI	; an 🗌	220.	DATE SIC	
TO HOSPIT, etoined by TO FUNER, should be dwith the Stower			John GL					733 C	Loverl	y St	,Silv	ver :	Spri	ing,	MD2090
		3a. Bl	URIAL, CREMATION,	REMOVAL		0.4		EMETERY OR CR		23d. LOCAT	OP TOWN		COUNTY	,	STATE
BP	-	A FI	Removal		2-13-			town M						117	D.C.
DHMH-16 30M 2/80 (VRA 15, 4)	4	225	NERAL DIRECTOR (	i Av	nota Ma ve, NW	Wash	ry Serv ington,		250. DATE 1	REC'D. BY RE	GISTRAR 2			IGNATURI Locker	

H - W . Mr. Manda II

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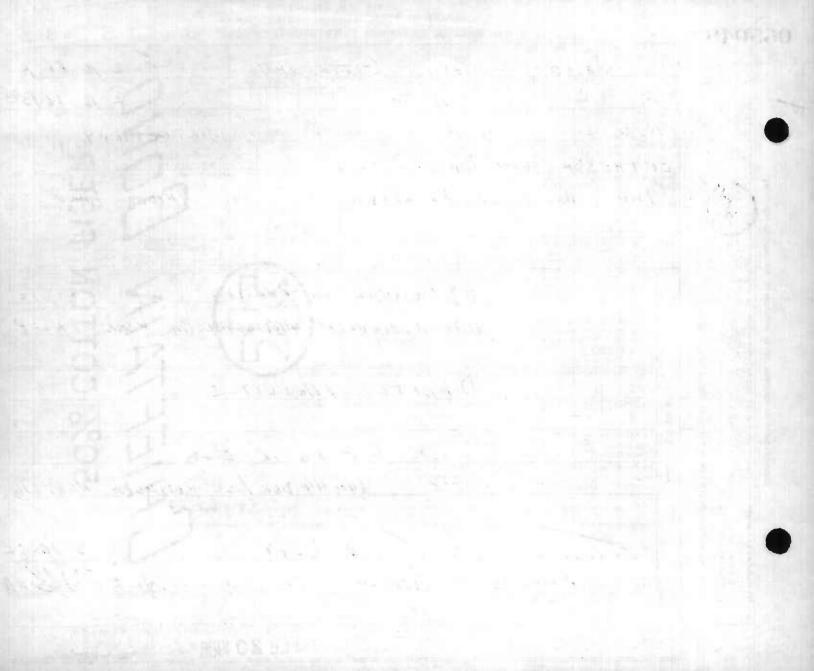
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William Comments Transport Special Comments Ser

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	1 500	STATE OF MARYLAND	
005040	1 - STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH O	05325
065048	REGISTRAR  1. DECEASED NAME FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REG.	
/	(TYPE OR PRINT)	OF ESTI-	0 5 11 6/ 11
3 48888	A CAB	S. DATE OF BIRTH 6. AGE (IN YEARS I IF UNDER 1 YR. I IF UNDER 24 HRS. I 24 DATE	MONTH DAY YEAR 24 HOLER
SN STR	m C	5. DATE OF BIRTH MONTH DAY YEAR  (AST BIRTHDAY)  AND THE OF BIRTH  (AST BIRTHDAY)  AND THE OPEN TYR. IF UNDER 24 HRS. 20 DATE  (AST BIRTHDAY)  AND THE OPEN TYRE  (AST BIRTHDAY)  (AST B	2 16 10 86 1305
- MARKED	79. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	Y OR COUNTY OF DEATH
<b>高</b> 素皮≥表	10551A	USA WIDOWED D DIVORCED MENTGE	
20年20日	0. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ( (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING (IFE)	TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
304 50	BETHESDA	6400 MITIDEN I-ANE Manufacturer	(Ret.) Textiles
10000	136 STATE 136 COL	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNTY  130. CITY OR TOWN  130. INSIDE UTY LIMITS? 130. STREET ADDRESS  150. STREET ADDRESS	DEN FANER
e Charles	4. FATHER'S NAME	15 MOTHER'S MAIDEN NAME	
# SEE 25/	Abraham	Gottesman Molly	Cohen
N SECTION OF	160 WAS DECEASED EVER IN U.S.		sda, Maryland
SOE REPORT	(YES, NO. OR UNKNOWN) (IF YES, G	Dr. Michael Gottesman;	
# SS # SS	18 CAUSE OF DEATH (Enter	only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST N S N S N S N S N S N S N S N S N S N S	PART I DEATH WAS CAU	SED BY: IN YOCANDIAL IN FARETION	Acure
STATE OF STA	INVICO	DUE TO, OR AS A CONSEQUENCE OF	D
SEA SEA	Conditions, if any, whi		USOCKS INDEP
W CANADA W	cause (a) stating the und		
S SENTER SON	lying cause last.	(c)	
AN SERVER SE	PART 2 OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
S S S S S S S S S S S S S S S S S S S	20	DIMBETES MOLLITUS	
SHEET STATES	190 DATE OF OPERATION 210. EXTERNAL CAUSE WAS	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
A SSENIE			YES NO 4
OF VITE CATE SHOWER THE CHILD BE UND	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	A 18 PART I OR PART 2)
8 F 5558	CONTRIBUTING CAUSE C		
N SE	CONTRIBUTING CAUSE C	21e PLACE OF INJURY (ATHOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
A A A A A A A A A A A A A A A A A A A	WHILE NOT WHILE AT WORK	HOME 6401 MAIDER NAC BETH	IESDA MONTLIN
ATE. ORK.		arge of the remains described abave, held an Autopsy . Inspection . Inquiry	and in my apinion
ME WOLF	death resulted from: No	atural causes 🖟 . Accident 🔲 , Suicide 🔲 , Homicide 🔲 Undetermined monner	].
ANA MARKA		TITLE (SPECIFY)	
4#54£%~	SIGNATURE	M.D. DEPT MEDICAL EXAMINER	DATE SIGNED 3-16-86
SE S	EXAMINER'S NAME		1 201191
A PARTY A	(TYPE OR PRINT)	Abovers 1: My 6 E ADDRESS OF LUISCONS COUNTY	Hai PE' III SOAF
<b>505549</b>	230. BURIAL, CREMATION, REMOVAL	CITY OR TOWN	COUNTY STATE
07/84 BP	Burial	2-19-1986 Old Montefiore Cemetery St. Albans.	New York
DHMH - 17	Danagan sky-Col dhe	Rockville, Maryland Pike EB 20 1996 erg Chapels; 1170 Rockville Pike EB 20 1996	EGISTRAR'S SIGNATURE
(VR A15 ME (5))	Dalizarisky-GOTODE	and orapers, 1110 MOCKVILLE LINE CO 120 1800 Style	Paviden Bondell



SILVER SPRING.

CHAMBERS ISINERIAL

(VRA 15, 4)

Lander (asserting)

WILLIAM TO THE YOU MAN TO THE TOWN THE STATE OF THE S ELICENSE DESCRIPTION OF THE PROPERTY OF THE PR A SECURE OF THE PROPERTY OF TH AND THE RESERVE OF THE PARTY OF 

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 6 REG.

0558

REGISTRAR		CERTIFICATE	OFDEATH	REG. NO	D	2 0 /
DECEASED NAME FIRST Rut	n A.	Chart		20 DATE OF DEATH		YEAR 26 HOUR a.
3. SEX	4 RACE	Gray  15. DATE OF BIRTH		Feb. 12,		1:30 M
Female	White	April 15		88	YRS YRS	DAIS HOURS MIN.
Pennsylvania	76 CITIZEN OF WHAT COUN U.S.A.	MARRIED UN N	DIVORCED	9 BALTIMORE CITY O Montg	county of DEA	ATH MD.
Kensington	11. NAME OF HOSPITAL, NI 10107 Thornw	ood Road	R INSTITUTION	Retired Tel		perator A. T
		ngton 134 IN	NO 🗆	130 STREET ADDRESS / 10107 Thor		ad 20895
John John	M. Gra	7	other's maiden name olet first	AE MIDDLE	Moose	LAST
60 WAS DECEASED EVER IN U.S.  NO (IF YES		SECURITY NO. 17 INF	D. Diehl 1	.0105 Thorn	wood Rd. F	Kensington, N
PART I. DEATH WAS CAL	r only one couse per line for (o), (l USED BY- DIATE CAUSE (o)	N CREAT		ANCER		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	(b)	SEQUENCE OF	ELATED TO THE TERMI	nal disease or coni	DITION GIVEN IN P	ART Ira
OBST	196 CONDITION FOR W	THUND!	PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF ITE EITHER NOTIFY MEDICAL EXAM  216 INJURY OCCURRED  WMILE NOT WHILE AT WORK	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY, O	1 DAY YEAR 19 PEFICE FARM EIC   216 LC	OCATION STREET	CITY OR TO	wn cou	STATE that (1) (we) lost
obove, (I) (we) (did) (did	Rosent	DEGREE	ATTENDING	MEDICAL STAF	72c	DATE SIGNED
Daniel Ro				ticut Avenue	#606 Kon	sington, Md
Burial, CREMATION, REMOV		23c NAME OF CEMETER Cressona (	RY OR CREMATORY	23d. LOCATION		ylvania state
4 FUNERAL DIRECTOR TUSO	n Wheeler Funerike Rockville, M	ral Home In	25a. DATE	REC'D. BY REGISTRAR		

DHMH - 16 60M 7/84 (VRA 15, 4)

and the sade to the section of ANSAR LEAD NOT BE TO SERVE THE SERVE TO SERVE THE SERVE TO SERVE THE SERVE T 10 C C C C 

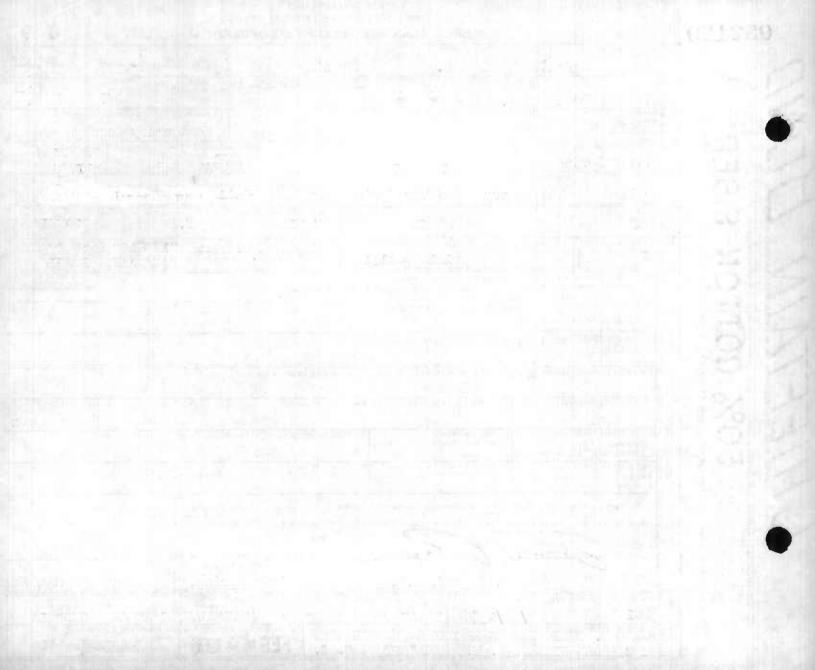
STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

084	1 -	REGISTRAR			CERTIFICATE O	F DEATH	o,	EG. NO.	()	5	D 8	
me /		CEASED NAME FIRST	MI	IDDLE	LAST	C.,	20 DATE OF DE		DAY		26 HOUR	
ももり		James		J.	Greeves.	Jr.		ruary	26,		8:15	- PM
free	3 SE		4 RACE		S. DATE OF BIRTH	y YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS	ER I YEAR	HOURS	AIN.
0 0 0		le	Caucasi		August 2,	1938	47	YF	RS	75		
2 /2/V	Io. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	MARRIED X NEVE	FR MARRIED -	9 BALTIMORE	CITY OR COU	NTY OF D	EATH	10	113
7/	Wa	shington, D.C.	u.s.A	4.		DIVORCED [	Mont	acimohil				MD.
120	10 CI	TY OR TOWN OF DEATH	11. NAME OF HE		NG HOME OR OTHER I	NSTITUTION	12a USUAL OCC		126	KIND OF	BUSINES	SOR
180	1	lver Spring		Cross Ho			Consul		40 FILE	DOSIKI		
21	USU/ 13a S	TATE 136 COL	OR OTHER INSTITUTION G	SIVE RESIDENCE BEFOR		E CITY LIMITS?	13e STREET ADD		ODE			
22			gomery	Silver		NO []	3205 G			11	2090	04
11	M FA	THER'S NAME FIRST	MIDDLE	LAST	15 MOTH	ER'S MAIDEN NA		DDIE		LAST		
1320	/	James	J.	Greeve		Louise			Joh	nnson		
4/		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC		TNAM		ADDRESS				
4		10		579-50-	2782 Patri	icia C.	Greeves	Wife	Same	e as	13	
6		18 CAUSE OF DEATH Enter of	only one cause per la	ine for (a), (b)	Pd ic 1	1				APPROXIM BETWEEN OF	NSET AND DI	EATH
1			ATE CAUSE (o)	C	arcino	wolve	is			64	net	2
4 4	-		DUE TO OR	AS A CONSEQU	JENCE OF	11	D			a	. '	*/
non		Conditions, if any, which	( <sub>(b)</sub>	Co	sur of 1	Ohs (	Panere	w.		01	more	1 h
er fr		gave rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQU	JENCE OF							
d, cr		underlying couse lost.	(6)	AS A COLORG	ZINCE OF							
y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS COL	NTRIBUTING TO	DEATH BUT NOT RELAT	TED TO THE TER	MINAL DISEASE O	RCONDITION	GIVEN IN	PART Ita		
in to	CERTIFICATION				None.							
Du A	CAT	IN DATE OF OPERATION	1% CONDIT	ION FOR WHICH	OPERATION WAS FER	REGRMED	29s AUTOPS		YES, WER			
owe	TIF	All April	1				YES [] NI		YES [	CAUSES	NO [	
D 43	CER	THE ACCIDENT WAS UNDERLYING	Standard Company of the Company of t	INJURY A. MONTH D	NOW ALTE	V INJURY OCCUR	RED (SHIPS NATURE	DE HOUSE IN OUR	THE PART OF	PART21		
	AL	OR CONTRIBUTING CAUSE OF D	49617		19							
We We	MEDICAL	214 INJURY OCCURRED	21s PLACE O		31/ TOCY	MONTA	110	V OK TOWN		DDAIN:	STA	
Z.	2	ALMON D ACCUMENT	TATHOME STREET	ET EACTORS GREEK	KARR (TC.)	****		T CH TO HOS		100	316	
a a		27s. I certify that it shis has	guid offended the	deceased from,	July	19 4	- 10 F2	626	19	6 .	no Diwe	e).Fost
21 15		saw the precised alies of	E E		86 and that in 6	my tour top-mon	death accurred or	the date and	have and	from the o	Divisions schools	nd
em		7h Signature	of they theybody o	Mer death.	DEGREE	-			17	N. DATE S	IGNED.	
E De		Mente	1/1/	Tolales	MI	ATTENDING	MEDICAL	STAFF		2/2	1/80	6
NA N	13	776 PHYSICIAN'S NAME OUR	OK PARTY	20	736 ADDIS	PHYSICIAN J	DIRECTOR	HYSICIAN L		1	/	-
with the State		Michael A	2. A. La	Ac a	/3	525	Com 6	119 5	1/14	1 511	Avine	14
3 3	230 E	URIAL, CREMATION, REMOVA	L 23b DATE	7 ) /	NAME OF CEMETERY O	OR CREMATORY	23d LOCATIO				)	
		SPECIFY) Vial			ite of Heave		CITY OR T	Spring	Man	taama	ru Me	d
			is J. Co.	PPins 1	Th		TE REC'D. BY REG	STRAR 25b. RE	GISTRAR'S	SIGNATU	RE IVI	A.
0M 7/84 4)		University Bl					ap 2 40	mo.				
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Cheeres Lebender 26, 1986 a va 8

			,6per 1	г.н.	3/11	/86 kam	DEDARTME	STATE OF N	ARYLAND	VCIENE			
0	52159	1-	STATE REGISTRAR			M	EDICAL EX		ERTIFICATE		S REG. NO	5	389
			CEASED NAME OF PRINT)		FIRST	Tall E	WIDDLE	_	LAST	0	ESTI-		2.35
	MET SEAS	3 SEX		4 RACE	oel	5 DATE OF BIRT	N. 19156	AGE (IN YEARS LIE LIN	Unin DER I YR. IF UNDER		H MATED	2/7	1986 A N PAY YEAR 80 HOLIJR
	DONE TO STATE	Ma	ale	Whit	e	Nov. 18	1-916	AST BIRTHDAY) MONTH		MIN. PRONO	UNCED	2/7	1986 A. M
-	CASH SEAL	7a BH	RTHPLACE (S REIGN COUNTRY) EORGIA	ATE OR		76. CITIZEN OF	WHAT COUNTRY	MARRI	ED NEVER MARR	IED L	IMORE CITY OR		
	S NEGS		Y OR TOWN	OF DEATH		11. NAME OF H		WIDOW		120 USUAL OCC	ntgomery		KIND OF BUSINESS
	PAGE PAGE	5	Silver	Sprin	g		AKVIEW I			MANUFAC			LINDS
190	CSCHAN	Ille S1	TATE	(IF IN NURSIN	COUNT	gomery	GIVE RESIDENCE BEFO	r Spring	13d INSIDE CITY LIMITS?	131 STREET AND I		9	20002
9	# SE		ther's NAME		MOTIL	gomery	STIVE	r spring	YES NO []			DUTYE	
8 . v	50 38 ST		EYËŘ			MIDDLE	GRUNIN		CELLIA		R.		PTÖTKIN
ALTIMO	AFTER DAYS HE FORM MISSON O	160. W	AS DECEASE S O, OR UNKNO	D EVER IN (IF		NED FORCES? VAR OR DATES)		9-3131	BERTHA (	G. LAMHUT	213°E		th STREET GEORGIA
ONST. B	TEM 18, CONTRACTOR WITH PERMIT PIERE DIN					BY: E CAUSE (o)		ocardial	disease.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON S			gove ri	ns, if any, se to imposite the sectors.	nediote	(b)	OR AS A CONSEC						
EDS.	AAN AN		PART 2 OTHER SI	GNIFICANT CO	NOITIONS C	ONTRIRUTING TO DE	ITN BUT NOT RELATED	TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PA	ART 1 (s)			
RECORDS	AS CRE	TION	19a. DATE OF	ODEDATIO	140	Tal. CO.	None	ICH OPERATION W	AC DEDECORATED 2			- In	
/ITAL F	SHOULD SH	CERTIFICATION	No	ne		196. CON	DITION FOR WH	ICH OPERATION W	AS PERFORMED?			1	YES NO X
DIVISION OF VITAL	FICATE OULD B OULD B RIMEN	AL CER	210. EXTERNA UNDERLYING CONTRIBUTI				OF INJURY A.M. MONTH DA		Non		INJURY IN ITEM 18 PA	RT I OR PART 2)	
DIVISIO	IER: THIS CERTIFICATE SHOULD IN THIS WORD "PER PARE WORD" THE PARE SHOULD BE USED AT HE STATE DEPARTMENT OF HEAL ND, 21201 PRIOR TO BURIAL, CI	MEDICAL	21d INJURY C	CCURRED		21e PLAC	E OF INJURY (ACTORY, FARM, ETC.)	AT HOME. 211 LO	CATION	CITY OR	TOWN	COUNTY	STATE
	EXAMPLE: THE CELLIFICATE, WITH THE STATE S		22a I certi			of the remains all causes X,	described above,	held on Autap	, Inspection,	Undetermined		in my opinio	n
•	Negative Neg		ACTUAL SIGNATURE	6	26	PI	16	ere "	Deputy	MEDICAL EX	AMINER	DATE SIGNED_	2/7/86
	EXECUTE THE PAGE A SHOUND TO PUNERAL AFTER DEATH.		EXAMINER'S (TYPE OR PRI	NAME NT)	Jo	hn S. R	ogers, M	.D.	1919 Silve		, Montgo	omery	County, Md.
07/84	85 524 544 -	(5	JRIAL, CREMA PECHY) BURIAL			2/10/198	BONA	AVENTURE	CEMETERY	23d LOCATION CITY OR TOWN SAVANN	AH, CHAT		GEORGIA
25M	DHMH - 17 (VR A15 ME (5))				EIN	HEBREW.	ÆMORIAL	FUNERAL I	LOME C	REC'D. BY REGIST	RAR 25b REGIST	RAR'S SIGN	Andall.
			SC LIAR	اللللا	TUL	Lila Na V	WAUII.	THAT OIL			- 1		



1				STATE OF MARYLAND		
OSEOFA	1 -	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	2.4	0 5 5 0 0
055054		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 2 2 3 0
me V		CEASED NAME FIRST	MIDDIE	1AST	20 DATE OF DEATH MON	
3000			RLES G.	HAINES	<del></del>	2-14-86 10:10am
d is	3. SEX	11 10	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
		MALE	CAUCASIAN	6-05-23	62	YRS.
Y 画唱是 100 2 d		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	
1382 623	1	MARYLAND	U.S.H.	WIDOWED DIVORCED		OMER CO, MD.
11/201	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	128 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO	126. KIND OF BUSINESS OR INDUSTRY
r 12 9/1		AKOMA PARK	W ASHINE		PARTS + SERVICE	DIRECTOR TOYOTA DEAD
24 hau illed in old be	13a S	TATE / 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e.STREET ADDRESS / ZII	PCODE
n 24 miles			ONTE SILVEN		3509 BAN	1QKO DR. 20906
ithi	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	LAST
completely filled in 1 and 2 should be 1 kxomine must be	1	HARRY	HAINE	S BESSIE	E	ZAVODNY
e execut	16a. V		MED FORCES? 166. SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
S. Page			WI 216-18-	9788 CHERYL A.	HAINES (	SAME AS #13)
physicia papers noval.		IL CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), on	did Anima attain	Indian	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ph)		PART I. DEATH WAS CAUSE IMMEDIAT	D BY: [E CAUSE ID]	Les xwigo ow	oum.	n
ding or r			DUE TO, OR AS A CONSEQU	ENGEDERALIA I/ dall		
ove co fion, o		Conditions, if ony, which	(b)	Carrier Ravice	4	- L
the emo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF	8	
by ol, cr		underlying couse lost.	(c)			
equires that the death certificate is signed by the ottending physici. Then please remove carbon baper to burial, cremotion, or removal. injury, or other fraumatic event, the		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	ON GIVEN IN PART TO
requestration or to	CERTIFICATION					
0 0 0 0	CAI	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20	IL IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?
hysician. icate has ransit pe Hygiene 18 shaws	RTIF				YES NO	YES NO
SICIAN: 1 ng physici certificate ural-transi tental Hyg		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1 116. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c. HOW INJURY OCCUI	RRED (ENTER NATURE	ITEM 18 PART 1 OR PART 2)
SICIA Po P Perticular	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	din .	19		
PHYSICIAN: ending phys this certifica ie burial-trar id Mental Hy dor tem 18	(ED)	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM FIG. 1 STREET	CITY OR TOWN	COUNTY STATE
After this certifice as the burial-	2	AT WORK AT WORK		17		
7 _ 4 5 0 4			tal) of ender the deceased from_	01 19 9	0 , to	, 19 , that (I) (we) lost
TTE Prite 170 167 167 170		saw the determed alive on	1) view the body alter death.	and that in (my) (our) opinion	n death accurred on the date o	and hour and from the couses stated
OR AT e hosp DIRECT Sched fo Dept. o	/	27h SIGNATURE	unlha!	DEGREE		IN DATE SHONED
PITAL Oby the ERAL D State D State D ANT: If	-	MANUM V	MU LOVIN	ATTENDING PHYSICIAM	MEDICAL STAFF DIRECTOR PHYSICIAN	1 414 3
HOSPITAL ned by 11 FUNERAL old be det 1 the Stote		274 HYSICIAN'S NAME LIVE O	R PRINTI	77x ADDRESS	1 / ( 11	1.1 Atam Jan
		MINERIN 2	M6 12 2055	Stenual a	1 Grow	MULL LU MID 201
Of Of Shape	23e. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	73d. LOCATION	
BP	(	CREMATION		HAMBERS CREM	RILLERD	ALE POCC MI
	24 FU	INERAL DIRECTOR	10011		TE REC'D. BY REGISTRAR 25b.	
IMH - 16 50M 4/83 (VRA 15, 4)	IN	W. CHAMBE.	RS CO. INC. S	SILVER SPRINGING F	EB 20 1988 14	die bandon-hondelle



064	083	1	FOR - STATE REGISTRAR			DEPAR	TMENT OF HI	OF MARYL ALTH AND CATE OF	MENTAL HYG	B anal	6 REG. N	0	5	3	9 2
		1.0	ECEASED HOME	FIRST		MIDDLE	LA.	12.		20 DATE	OF DEATH		DAY YE	AR	HOUR A
1 1	24	1		elen	(	2	f	arris	Med 7	Febru	iaru 2	5. 19	86		7:30 M
0 1		3, 5	EX	4 R/	ACE		5. DATE O	F BIRTH DAY	YEAR	6 AGE II	N YEARS LAST BIR	THDAY)	MONTHS		FUNDER 24 HRS
0	1	- Paris	emale		aucasa	ian	March	4 4	1909	76	Asia.	YRS			
4 7	2 10	7a.	BIRTHPLACE (STATE OR	FOREIGN 76 C	ITIZEN OF	WHAT COUNTRY	? 8 MARRIED	☐ NEVER	MARRIED -	9 BALTIN	ORE CITY C	R COUNTY	OF DEAT	TH	
Dept.	1 701		ashington,	D. C.	U.S.	Α	WIDOWE	- Carlot	NORCED		ontgom				MD.
1 1	101	710.	CITY OR TOWN OF DE	ATH TI.		HOSPITAL, NURSI CHEACILITY, GIVE STREE		R OTHER INS	TITUTION		ORK FOR MOST O				BUSINESS OR
9	02		LVER Sprin			cington I		200		Hou	sewifi	e			
00 2	27	3 13	BAT KEZIDENCE IN MOK	DE COUNTY		13t. CITY OR TO	WN	13d INSIDE	CITY LIMITS?	2	ADDRESS .				
25			ryland	Montgon	nery	Silver S	Spring	YES 🗍	'S MAIDEN NA	204	lexing.	ton D	rive		20901
2/	G /8	7	FRST	MIDDL	LE	LAST	V 18		FIRST	WE	WIDDLE			LAST	
4	/ (2)	4	James WAS DECEASED EVER	T.	FORCESS	Chinn 16b SOCIAL SEC			lartha	-	E.	ECC		ard	
ED	6 9/	100	(YES, NO OR UNKNOWN)	(IF YES GIVE WAR				17 INFORM	rice						one Road
20	2 /	$\vdash$	No			578-05-2		Stanle	y Nesl	ine s	Silver	Spru		d.	20901
PPROVE	1		PART I. DEATH V	VAS CAUSED BY		1		· C -	the to	44 0 11	0 111	- th	BET	WEEN ON	ATE INTERVAL
A I	4		1888	IMMEDIATE CA		Larci		01	The 10	ngu	f - 1-	. 111	-	01	W.EAL LILE
3	1		Conditions, if ony		DUE TO, O	R AS A CONSEQU	UENCE OF			m	elasla.	res			
₹,	1111		gave rise to im	mediate	(b)				VET U	-	COL				
ES I	100		underlying cous		16)	r as a consequ	UENCE OF								
FI	A P		PART 2 OTHER SIG	NIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT I	NOT RELATE	D TO THE TERM	IN AL DISE	ASE OR CON	DITION GIV	EN IN PA	RT 1ra	
L	1000	o Z		-											
N .		IHCA!	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATION	WAS PERFO	ORMED	20a AU	TOPSY?	IN CERTI	S, WERE F FYING CA	INDINC USES C	SS USED OF DEATH?
The The	113	1 8	210 ACCIDENT WAS UN	DERLYING	21b. TIME C			21c HOW II	NJURY OCCUR				-	RT 2)	NO []
SOGER SICIAN PS Physic	17 E4	1 4	OR CONTRIBUTING			M. MONTH [	DAY YEAR								
R deng	111/	MEDIC	21d INJURY OCCUR	RED	21e PLACE	OF INJURY		211 LOCATI							
S. 50 1	413	×	WHILE NOT W	HILE	TAT HOME ST	REET, FACTORY, OFFICE	FARM, ETC )	STREE	1		CITY OR TO	)WN	COUN	IA	STATE
600	1 6 6		220 I certify that (I		ettended th	ne deceased from	190	2	19	to_	Phrua	rv 25	1986	th	at III (we) lost
2 2 2	14 5		saw the deceas		ebru	1424 19d	~ / '	d that in (my	) (aur) apinian	death accur		7	u and from	n the ca	uses stated
2 2 3	311		77s SIGNATURE	A /	2	) A	C	EGREE					22c. [	DATE SI	GNED
4 2	1		(Ben	V4	116	rlead	). lu	D.	ATTENDING PHYSICIAN	MEDICA	R PHYSIC	FF CIAN (	FP	bru	apr25,198
200	1 2 1 3 7		22d PHYSICIAN'S N	AME TYPE OR PRIN	NT)	1 (	7.	22e ADDRE				-	-	-	7

DHMH - 16 60M 7/B4

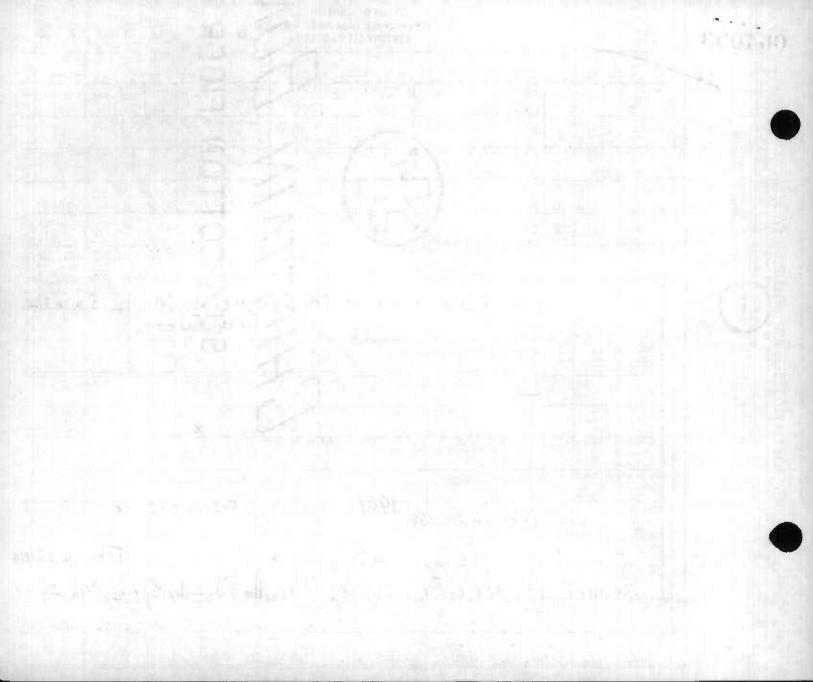
(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (MECE)

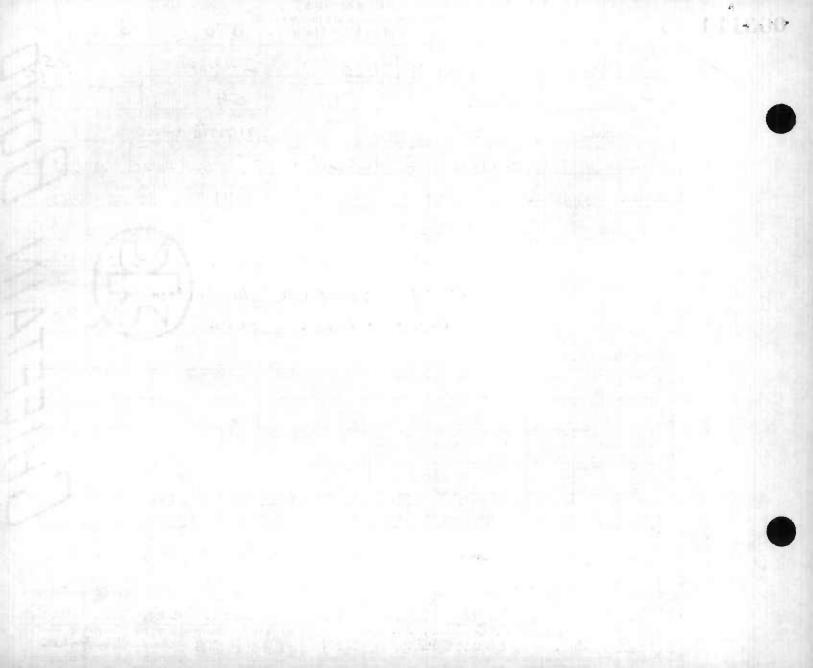
Rockville Montgomery Maryland
Rec'd By Registrar 25b. Registrar's Signature

D 3 1006 General August 1

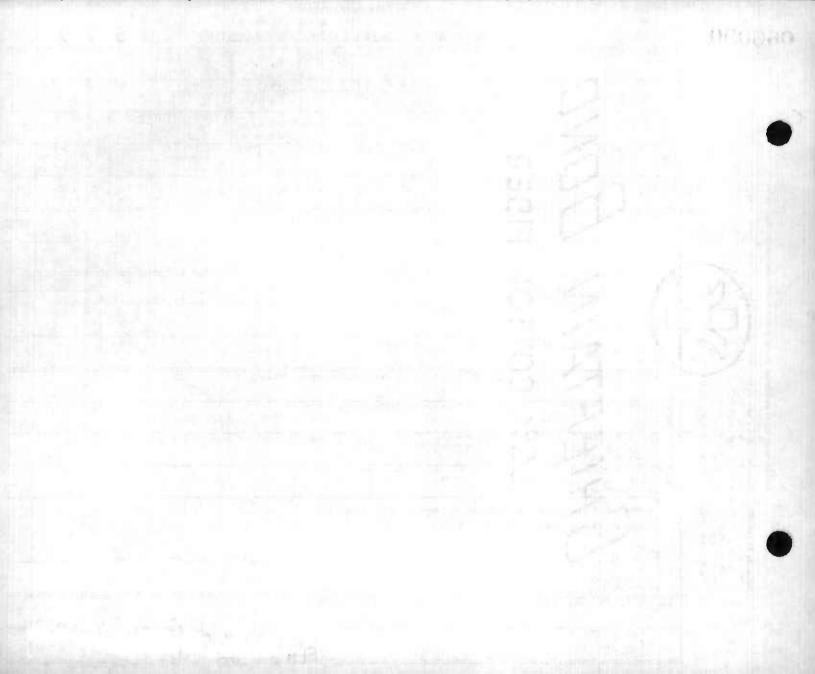
Feb. 28, 1986 Parklawn Cemetery Ro
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Parklawn Ceme 500 University Blvd., W. Silver Spring, Md.



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063114	1.	FOR STATE		DEPART		EALTH AND MENTAL HYG	SIENE S	n	E 3	9 3
COULL	1	REGISTRAR		11.	CERTIF	ICATE OF DEATH		G. NO.	2 2	, 0
a h		CEASED NAME FIRST		webis	-	ATT.	20 DATE OF DEAT		DAY YEAR	26 HOUR
4 11		Mary 1	Ellen	Talle	MDI	119	2-17-8	7		8.5 AM
4 4	3 SE	in A	4 RACE	C 1011	S. DATE C	P P YEAR	6 AGE IN YEARS LA		MONTHS DAYS	
A 95		+emale )	Whi	te	July		54	YRS		NII.
4 4 1	7a B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE CI	Y OR COUNTY	OFDEATH	1 1 2 2
1 1/2/		Illinois		USA	WIDOWE	^	mont	zomen	1	MD.
1 11 11	In C	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCU	PATION -	126. KIND	OF BUSINESS OR
11/1/1/	1	Bethesda	Su	bur bu	n H	ospital	Register	ed Nursi		pital
12 (La) 12/1	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	NTY	13c CITY OR TOV		13d INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CODE		
1 100		ryland Mor	ıt.	Wheaton		YES NO	13e STREET ADDRE	lack St	reet :	20906
1 1: 1/	14 F/	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		L.	AST
1 15/320			onald	Ricco		Jennie			illiam.	5
1 16 1/	16a \	VAS DECEASED EVER IN U.S. A YES, NOOR UNKNOWN] (IF YES, G	RMED FORCES?	166 SOCIAL SEC		17 INFORMANT		DDRESS		
1 12 4		NO		345-24-3	3716	Albert T. Ha	ttenburg	Same a		
1 1011		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause pe	r line far (a), (b), ai				1.	APPRO BET WEEK	XIMATE INTERVAL N ONSET AND DEATH
1 201			TE CAUSE (0)	HEUT.	e m	YOCAKDIAL	MEAR	ction		
4 9534			DUE TO, C	R AS A CONSEOL		1.1				
4 444	9	Canditions, if ony, which gave rise to immediate	(b)_	Pol	YCY	tH emin	VERA			
4 1111		cause (a), stating the underlying cause last	DUE TO, C	R AS A CONSEOU	ENCE OF					
at the state of th			(c)							
the party of the p	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR C	ONDITION GIVI	EN IN PART 1	0
11111	ATIC	19a DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	120a AUTOPSY?	206 IF YES	, WERE FIND	INGSTISED
1 2411/	FEC						YES X NO	IN CERTIF	YING CAUSE	S OF DEATH?
	CERT	21a ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR				
34 149 0	AL	OR CONTRIBUTING CAUSE OF DE	AIR	.M. MONTH D	AY YEAR					
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20 340 1	N.	NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE	FARM ETC )	STREET	CITA	OR TOWN	COUNTY	STATE
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THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO I	1	sow the deceased alive a above, (1) (we) (dut) (did n	ot view the hody	to death 192	Ch	d that in (my) (aur) apinion	death occurred on the	ne date and hour	and from the	e couses stated
CA WEEL	1	71K SIGNATURE	JII VIEW THE BOOK	die deam.		DEGREE			22c DATE	E SIGNED
A SERVICE A		Theres	21/12	u E	M	PHYSICIAN Y	MEDICAL DIRECTOR PH	STAFF YSICIAN []	2/1	18/86
OSPIT.		226. PHYSICIAN'S NAME (TYPE				22e ADDRESS				
0 HOS		Paul Noone,	M.D.			50 W. Edmon	ston Driv	e. Rocki	ville.	Md.
55 2213	23a E	URIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP		Burial	2/21	186 Ga	ite of	Heaven	Silver	Spring,	Mont.	, Maryland
DHMH - 16 60M 7/84				Collins,			E REC'D. BY REGIST	RAR 256 REGISTE	BAR'S SIGNA	TURE
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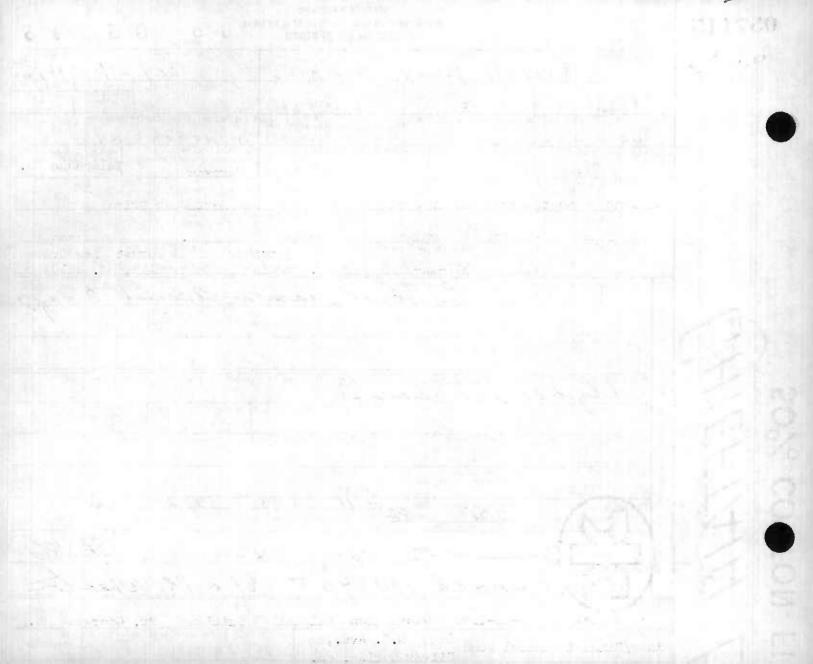


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 086030 MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR DECEASED NAME To DATE KNOWN 7h HOUR MONTH (TYPE OR PRINT) HAUGHTON a,k,a OF ESTI-DEATH MATED 2-11-8619 CALVIN TAMES SHELL 4 PACE 5 DATE OF BIRTH IF LINDER 24 HRS 2c DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOLINCED DEAD 59 MALE NEGRO 18 26 YRS 2-11-8619 2:46F 76. CITIZEN OF WHAT COUNTRY? BRITHPLACE INVANCE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOMENCH COSINTRYS TEXAS WIDOWED DIVORCED USA Montgomery County B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Washington Adventist Hospital Takoma Pk. UNKNOWN UNKNOWN STALL RESIDENCE IN HUMBING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY Je STATE 13c CITY OR TOWN 134 INSIBE CITY LIMITS? 130 STREET ADDRESS FAIRFAX VIRGINIA ALEXANDRIA YES NO X 5746 BISCAYNE DRIVE FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 19857 LAST FIRST MIDDLE LAST MANNIE E HAUGHTON ANNA WHITE WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS ITEL HO, OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 228-96-4052 MOTHER - SAME AS DECEASED 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Liver disease IMMEDIATE CAUSE (o)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES T NO EZ 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN WHILE STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Natural causes [X] death resulted from: a Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 2-12-86 Assistant\_MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME TYPE OR PRINT - Korell M DADDRESS Margarita Penn Street 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURIAL 2/19/86 ALEXANDRIA BETHEL CEMETERY VIRGINIA 24 FUNERAL DIRECTOR 250 DATE PEC'D BY PEGIPERAR TO BE DEMAINE FUNERAL HOMES, INC, ALEXANDRIA, VIRGIN (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 052126 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6 REG. NO REGISTRAR MIDDLE DECEASED NAME 20. DATE KNOWNXX MONTH (TYPE OR PRINT) ESTI-The Lupe DEATH MATED W. Hawkins 19 86 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR SEX IF UNDER 24 HRS 2c DATE 2d HOUR MONTH LAST BIRTHDAY 9:50 PRONOUNCED 1986 Black 14 DEAD a. M YRS TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED [ DIVORCED Montgomery County, 20 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Rt. 108 west of Olney Mill Rd. Olney Warehouseman Tobacco Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) #304 Prince George's Lanham 13e STREET ADDRESS 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Greenbelt Road 20706 M.D. YES X 9907 NO [] 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST Wesley Bell Hawkins Joan WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 217-82-7223 9907 Greenbelt Rd. #304 Joan Walker Maryland anham 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Craniocerebral Trauma IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) DIVISION OF VITAL RECORDS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOUID BE FORWARDED TO THE CHIEF MEDI. TO FUNERAL DIRECTOR: PAGE 3 SHOUID BE USED AS A FAFTE REATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYQAND, 21201 PRIOR TO BURIAL, CREM. CERTIFICATION 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NOXX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR 9+ XXX 2-9 19 86 passenger in auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK XX 108 west of Olney Mill Rd., Olney, Montroad gomery Co., Md. InspectionXX 22a I certify that I took charge of the remain described above, held an Autapsy Accident XX death resulted fram. Homicide Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL DATE SIGNED. Assistant MEDICAL EXAMINER 2-10-86 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) ADDRESS. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Maryland Veterans Cem. Cheltenham Prince George's MD Burial 07/84 25M 24 FUNERAL DIRECTOR ROLLINS 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 4339 HUNTEPLACE, N.E. **DHMH - 17** Tulia Davidson Randelle (VR A15 ME (5)) WASHINGTON, D.C. 20019

		STATE OF MARYLAND		
057115	FOR 1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYC	SIENE 8 6 O	5 5 0 6
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	3 3 7 0
	1. DECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
noy be	(TYPE OR PRINT)	SELL VAMES HANKINS	02/2	1/86 1/0300
you de	3. SEX	4 RACE S. DATE OF BIRTH	0 0 7	UNDER I YEAR IF UNDER 24 HRS
after 4	AA.	MONTH DAY YEAR		NTHS DAYS HOURS MIN.
0 11	/ ALE	WHITE 02/13/21	65 YRS.	
9 4 3	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED ARENER MARRIED	9. BALTIMORE CITY OR COUNTY OF	FDEATH
# #F/30	VIRGINIA	EX.SA WIDOWED DINORCED	MONTYOME	RY MD
0 11	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
1 1 14 14 10	Cilien Conus	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY C&P Le Lephone Co.
urs urs	WILLIA RESIDENCE UNIURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	R Foreman I	
d bo	13a. STATE 13b. COUR	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	20001
AN 2 FEE	Maryland Monte		520 Northwest Driv	ve de jul
RYL 2 stelly 2 stelly	14 FATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NA	MIDDLE	LAST
AA Sanda Con	Charles	Edwart Hawkins Bessie	E.	Rosson
S S S S S S S S S S S S S S S S S S S	160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (D.	ther) 12911 Forest	
AOI one				
LTI be be	Yes WW		ins Reltsville,	Md. 20705  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
BA cote cote cope cope cope nt, t	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	nly one cause per line far a), (b), and (c)	1. 1201	BETWEEN ONSET AND DEATH
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NO S CONTRACTOR		DUE TO, OR AS A CONSEQUENCE OF		1
EST OF WAY	Canditians, if any, which	(b)		
A ( ) ( ) ( )	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		
3 280 5	underlying cause last.	(c)		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  **General Complete Complete Complete Contribution of Physician and completely filled in the North Complete Completely filled in the Contribution of Contribution of Completely filled in the Contribution of Contribut	PART 2 OTHER SON FICANTA	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GIVEN	IN PART In
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N TO THE STATE OF	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY 21c. HOW INJURY OCCUR	YES NO YES [	
> 35 99f m/	OR CONTRIBUTING CAUSE OF DE	THE PARTY OF THE P	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART	( OR PART 2)
O De tet 1	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 19		
0	216. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NIS OF STREET	WHILE NOT WHILE AT WORK		_ /	
O SA SA DE	22a.1 certify that (1) (this hosp	ital) attended the deceased from	5 to 2/2/ 19	86 , that (1) (we) last
A P P P P P P P P P P P P P P P P P P P	saw the deceased alive ar	7/2/ 19.86, and that in (my) (aur) apinian	death accurred on the date and hour or	nd from the couses stated
SE HERE	27b. SIGNATURE	it view the bady after death.		1220. DATE SIGNED
8 2 8 8 4 5	11/1/18	ATTENDING ;	MEDICAL STAFF	2/22/01
A 4 4 4 4 4 4	124-PHYSICIAN'S NAME (TYPE		DIRECTOR PHYSICIAN	2/2/00
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01 04 3	1.1.10	enACK 190 9/13 C	0/16 px- W	reason
21-213	230. BURIAL, CREMATION, REMOVAL		23d. LOCATION	COUNTY STATE
BP	Burial	2-25-1986 Washington National		Georges Md.
DHALL 14 COM 4 (DC	24 FUNERAL DIRECTOR	11800 N H AVA 250. DA	TE REC'D. BY REGISTRAR 25h. REGISTRA	R'S SIGNATURE
DHMH - 16 50M 4/B2 (VRA 15, 4)	Hines/Rinaldi Fun	eral Home	FR 2.4 1086	undain for delle
		Silver Spring, Md.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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V	REG NO	

j	REGISTRAR		CERTIF	ICATE OF DEATH	Ö Ö REG. N	。 U	5	0 9 /
ì	1 DECEASED NAME FIRST	WIDDLE	1	LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
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ı	3. SEX	4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIR		ONTHS DATE	IF UNDER 24 HRS
1	Male	caucasian	Jan	H 400/	80	YRS.	DATS	MIN.
	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	Maryland	USA	WIDOW		Montgo	mery C	ounty,	MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR
ı	Bethesda	4858 Battery	Lan	e Apt. 101	Painter		INDUSTRI	
	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 135 COU Maryland Mont	rother institution give residence before INTY  tgomeryBethesd	e admission) /N .a	136 INSIDE CITY LIMITS?	4858 Bat	ziP CODE tery	Lane.	0814 Apt. 101
7	14 FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			
1	James	C. Hawse		Gertrud	WIDDIE	Ben	rdette	
	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	_		ott Rd	
	(YES NO OR UNKNOWN) (IF YES GI	216-09-6	234	Ruth K. Gan	ley, Clark	sburg,	Md. 2	0871
	PART I. DEATH WAS CAUSI			est			BETWEEN C	MATE INTERVAL ONSET AND DEATH
1	IMMEDIA	TE CAUSE (a)						
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ı	gove rise to immediate			ar carcinom	· Ca			
١	underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF				1 300	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART LI	
		ominal aneurys		iver mets				
1	post, abdo	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
1	TIE				YES NO	YES	ING CAUSES	NO [
7			AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT   OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	AIR .	19					
1	OR CONTRIBUTING CAUSE OF DE	21e. PLACE OF INJURY	ARAL ETC )	211. LOCATION	CITY OR TO	wN	COUNTY	STATE
1	AT WORK AT WORK							
1	220 I certify that (I) (this hasp	ortol) 22 January	1948			,		that (I) (we) lost
1		of view the body ofter death.	00,0	nd that in (my) (our) opinion o	death accurred on the de	ote and hour	and from the	couses stated
ı	22b. SIGNATURE	1.		DEGREE	THE PICAL STATE		22c DATE	
		11 ly mg		PHYSICIAN [	MEDICAL STAI		21	12/86
	THE PHYSICIAN'S NAME TOP			22e ADDRESS			1	1 000
4	John M. Wyn	nan, MD		7801 Norfo	IK AV., B	ethes	da, Mo	1. 20814

DHMH - 16 60M 7/84

BP.

Should be detached for us with the State Dept of Hee

IMPORTANT

(VRA 15, 4)

FOR

Feb. 14, 1986 Burial

Parklawn

Rockville,

Montg.

STATE

24 FUNERAL DIRECTOR Grin L. Molesworth, P.A., And Damascus, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Davidson Pandalle

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	REG NO	,

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1	REGISTRAR				CEKIII	ICAIE OF DEATH	REG.	NO.	C)	7	2 7
	CE ASED NAME	FIRST		WIDDLE		LAST	2a. DATE OF DEATH		DAY	YEAR	2b HOUR
TIANE	OR PRINT)	Irene		r.	He	lsing	February	18.	1986		3:30A.
3 SE:	X		4 RACE		5. DATE O		6 AGE (IN YEARS LAST			RIYEAR	IF UNDER 24 HRS
	Female		White		MONTH	pt. 11. 1907	78	YR:	MONTHS	DAYS	HOURS MIN
	RTHPLACE IS	TATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	_	9 BALTIMORE CITY			ATH	
1	COUNTRY)		TTCA		WIDOW	D NEVER MARRIED DIVORCED	Montgomery				M
10 C	ITY OR TOWN	OF DE ATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP				F BUSINESS O
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13a. S	AL RESIDENCE STATE MD	13b COU Mon	INTY	13c. CITY OR TOW Bethesd	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 4978 Sen	s/zipco	DDE Dr.	20	2816
H FA	THER'S NAME					15 MOTHER'S MAIDEN NA					~ ~ ~ ~ ~
V	John		Murray		y Elizabe		th			Smith	
		EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADI	ORESS			
	NO OR UNKNO	(IF YES, G	IVE WAR OR DATES)	577-70-4	978	Einer A. Hel	sing Same	as It	em #	13	
				line far (a), (b), and	dicit				- 6	APPROXI	IMATE INTERVAL ONSET AND DEATH
	PART I. DE	PART I. DE ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  SHOW									
	Marie Co	DUE TO, OR AS A CONSEQUENCE OF							100		
	Canditians, if any, which			METASTATIC C			CANCEL			141.	
	cause (a),		DUE TO, O	R AS A CONSEQUE	NCE OF						
	underlying cause last			CANCER OF			Color				
2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									9	
CERTIFICATION	19a, DATE OF	OPERATION	TIDE CONID	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY? 20b. IF YES. V			ENION	IOC HOED	
PIC	E IVE DATE OF OPERATION		170. CONDITION FOR WHICH OPERATION			WASTERFORMED	IN CERTIFYII			WERE FINDINGS USED NG CAUSES OF DEATH?	
1	71a ACCIDENT	WAS UNDERLYING	23h TIME C	F INJURY		21c HOW INJURY OCCUR	YES NO	,	YES	PART 21	NO 🗆
67.7	OR CONTRIBUTE	NG CAUSE OF DE	HOUR A.		Y YEAR		TENTER MATORE OF I	OCKY DATIEM	10 PART OR	r ART 2)	
MEDICAL	21d. INJURY C	CCURRED	21e. PLACE	M. OF INJURY	19	211, LOCATION					
ME	WHILE	NOT WHILE	( AT HOME, STE	REET, FACTORY, OFFICE, FA	ARM, ETC }	STREET	CITY OR	TOWN	co	UNTY	STATE
	oriente.		oital) attended th	e deceased fram_	4	19 85		2/17	. 19	FC.	that (I) (we) la
	saw the deceased alive an 1130 19 66, and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death.								causes stated		
	226. SIGNATU		dij view lile budy	diret dediti.		DEGREE			22	c. DATE	SIGNED
		Mon	ga	Actions	~	MATTENDING PHYSICIAN	MEDICAL ST	SICIAN	7.1	2/19	r/fc
1		N'S NAME (TYPE			0	22e ADDRESS				/835	
	Stanl	Ley A. S	chwartz	MD.		5454 Wiscons	sin Avenue	Bethe	esda.		20815
23a. B	URIAL, CREMA	TION, REMOVA	L 23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY					

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial 2/20/86 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.
NAME 5130 WI Ave. NW Wash. DC 20016

Rock Creek Cem.

Washington, DC

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	1	500				E OF MARYLAND				
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3		CEASED NAME FIRS	1	WIDDLE		AST	20 DATE OF DEATH		_	26 HOUR
4 50 A	1	Jan	us	Charle	shem	gen		2-12	-86	3.50Pm
1 11	3.50	×	4 RACE	- 624	5. DATE		6 AGE (IN YEARS LAST E	IRTHDAY) IF	UNDER TYEAR	IF UNDER 24 MRS
8 95 /	101	nale		asian	5	-10-05	8	O YRS		
	71	W York	76 CITIZEN OF	WHAT COUNT	MARRIE WIDOW	D DIVORCED	Montae		Cour	eter MD.
1 11/0	8 5	UCR PU	11. NAME OF	HOSPITAL, NUI		Dita	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Ret. TaxC	OF WORKING	INDUSTRY ant	self
1 11 1	J. 13e.	STATE 136.0	ont	13c CITY OR T		13d INSIDE CITY LIMITS?		ZIP CODE		
75	0	ATHER'S NAME FIRST	unkown	LAST		15 MOTHER'S MAIDEN I	vame unkow	m	LAS	
1	/		S. ARMED FORCES? ES GIVE WAR OR DATES)	1.00		17 INFORMANT		RESS		
3	1	10				Elanor Fe	hr (daught	er) sa	me as	
physic on pape embrol event, 9		18 CAUSE OF DEATH (Enterprise PART I. DEATH WAS C.	er only ane cause pe AUSED BY: EDIATE CAUSE (a)	Clente	ond ic	morlique	y arrest		BETWEEN	MATE INTERVAL ONSET AND DEATH
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by the o date remain of, cremain		gave rise to immedio couse (a), stating the underlying couse las	DUE TO, C	DR AS A CONSE		hom			3	86
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8 14 9 4	ATION	90 DATE OF OPERATION	) HBP	, sen		N WAS PERFORMED	20a AUTOPSY?	TO BY	WERE FINDIN	105.1155
The Sort	4 P	None			ICH OPERATIO		YES NOC	IN CERTIFYI	NG CAUSES	OF DEATH
CLAN 9 physical certifical control to remail the	SAG	OR CONTRIBUTING USE OF EITHER NOTIFY MEDICAL EXA	DE DEATH HOUR A	OF INJURY I.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	T L OR PART 2)	
C Phone	MEDI	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	NWOI	COUNTY	STATE
TOE AF		220.1 certify that (1) this saw the deceased ali	e on 2/12	-186		nd that in (my) (sor) opinion	n death accurred on the	date and hour c	and from the	that (ast couses stated
the hosy of the boy of		above (II) (I did) (a	+ h		0	DEGREE ATTENDING	MEDICAL ST	AFF	22c. DATE :	SIGNED 2186
A SPITA	+	226 PHYSICIAN'S NAME	TYPE OR PRINT)		40	PHYSICIAN  22e ADDRESS	PI COLEUVILLE	Rd	100	700
O HOS especialists of the Manual States of the Manual States of the Stat	-	I 6BP	strick		<u>n</u>		Iversorm	a M	1200	No
BP	730	BURIAL CREMATION, REMO (SPECIFY) Burial	2/15/			EMETERY OR CREMATOR	CITY OR TOWN	0'	COUNTY	STATE
U. S.	24 F	UNERAL DIRECTOR	12/13/			VridgeMem.	ATE REC'D. BY REGISTRA	-	AR & SIGNATI	URE TO THE
DHMH - 16 60M 7/84 (VRA 15, 4)	1	LECK F. H.	INC.		el. n		FEB 24 198	To Stay	Dundson	-Novoca

0/49082

## STATE OF MARYLAND

	P- STATE REGISTRAR		DEPARTM		FICATE OF D		IENE 8 6	0 5	601
	1 DECEASED NAME FIRST (TYPE OR PRINT) Char	lotte	S. H		ickson	= 9,44	February 9, 19	DAY YEAR	26 HOUR 11:30am
	female	Caucas:		5. DATE (		1903	6 AGE (IN YEARS LAST BIRTHDAY)  82 YRS.	IF UNDER 1 YEAR	
1	7ª BIRTHPLACE (STATE OR FOREIGN COUNTRY)	United	States	WIDOW	D K NEVER M	ORCED [	Montgomery Cou	nty	MD
-	Rockville	Potoma	HOSPITAL, NURSING	Nursi		TUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Sales		
		e or other institution DUNTY  gomery	13c CITY OR TOWN Bethesda			№ Т	8500 River Road	, zip	20817
	uhknown	WIDDLE	Schmidt		15 MOTHER'S	MAIDEN NA/	Unavailable	LA	(ST
	160 WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN)  (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECUR 579 32 20		Robert Robert		ADDRESS adrickson, Husbar	nd, see	#13
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN	DUE TO, O	PAS A CONSEQUENT R AS A CONSEQUENT CONTRIBUTING TO DE	NCE OF		artic	Heart Disease	ZEN IN PART 1	ys.
-	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHICH C		N WAS PERFOR	MED	INCERTI	S, WERE FIND! FYING CAUSES	
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED	DEATH HOUR A.	M. MONTH DAY M.	YEAR	216 LOCATIO		RED (ENTER NATURE OF INJURY IN ITEM 18 1	PART I OR PART 2)	
	NOT WHILE AT WORK	(AT HOME ST	REET FACTORY OFFICE, FAR	RM ETC )	STREET	F//	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (I) (the he is the decepted glive the decepted glive the left (I) (ye) (duf)	on FLI		-	DEGREE AT	TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226 DATE	
	Joseph J. Wi		I.D.		22e ADDRESS 5272 R		d., Bethesda, Ma	ryland	20816
	23a BURIAL, CREMATION, REMOV.		0 1986 Me		emetery or co			COUNTY YTE	STATE

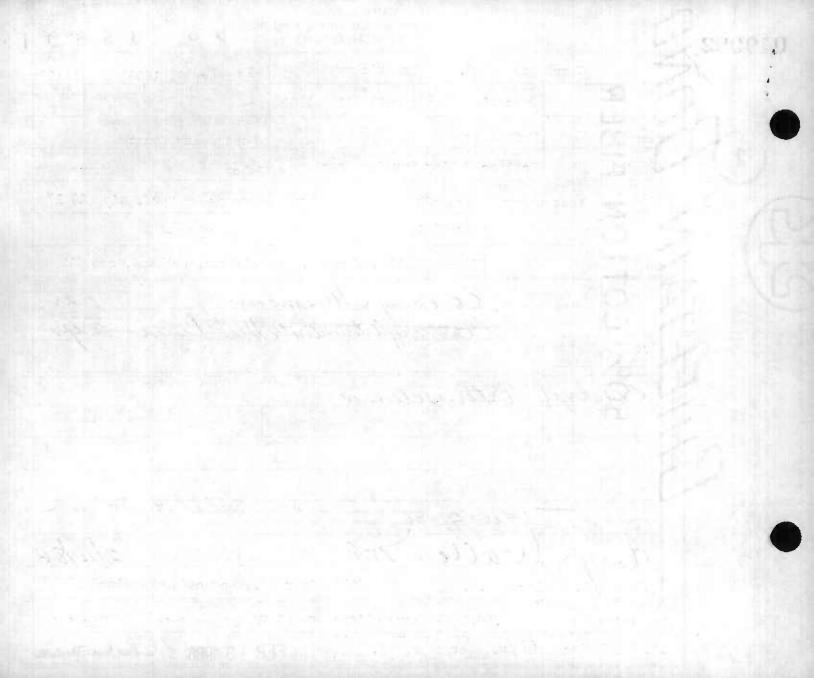
DHMH - 16 60M 7/84 (VRA 15, 4)

Alexandria

Virginia

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P.A. Md. 20814

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE FEB 13 1986 Julia Buildon-R



500 University Blud W. Silver Spring, MD

(VRA 15, 4)

THE THEORY THE PROPERTY IN THE

057106

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	0	5	6	0
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		REGISTRAR				CERTIF	ICATE OF DEATH	O C	3. NO.	0 5 6	) 0 3	5
		CEASED NAME	FIRST		AIDDLE	L	AST	20 DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR	
	(TYPE	OR PRINT!	ary A	\nn		H	erman	1000	21	19/86	5:00P	M
d	3 SEX			4 RACE		5 DATE C		6. AGE (IN YEARS LA	T BIRTHDAY!	IF UNDER LYEAR		S
-		Female		Caucas		Feb		50	YRS		HOURS MIN	1.
1	7a. BIF	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CIT	_			
	Ne	ew York		United	States	WIDOWE	D DIVORCED	Montgo		County	N	AD.
-	1	ockville	TH.	LIE NOT IN SUCI	HOSPITAL, NURSIN HEACILITY, GIVE STREET HITCHIN	IG HOME C	st Lane	Type of work for M. Homema	OST OF WORKING	GLIFE) INDUSTRY	OF BUSINESS O	R
1	Mai	ryland	LIL COUN		GIVE RESIDENCE BEFORE	ADMISSION!	13d. INSIDE CITY LIMITS?	13° STREET ADDRE	ss/zpco itchi	ng Post	2 t Lane	
1	4 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	LE	LA	AST	
/		Gordon			Ernest	40 V	He1en			Bohi	1e	
1	160 W	VAS DECEASED EVER ES NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		DDRESS			
	1/10	0		TOTAL S	088-26-	9///	John D. He	erman, M	.D. s	ame as	#13	
		PART I. DEATH W	H Enter on	ly one cause per	line for (a), (b), an	d'A	4 A			APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH	4
		PARTI. DEATH W		E CAUSE (o)	mtestu.	el o	bshullor			12	mo	
				DUE TO, OF	R AS A CONSEQUE	NCE OF						
	100	Conditions, if any, gave rise to imm		(b)	Corcins	mot	sis		10.00	4/	no	_
		couse to, statin	g the	DUE TO, OF	AS A CONSEQUE	NCE OF	1 10			liu	NEM	
				(c)_(	orcino	ne	of Culon					_
	NO	PART 2 OTHER SIGN	NIFICANT C	CONDITIONS <u>CC</u>	INTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR (	ONDITION	GIVEN IN PART 1	10	
7	MEDICAL CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF '	YES, WERE FIND	INGS USED	_
4	TIFIC							YES NO	V_	TIFYING CAUSE	S OF DEATH?	
7	CER	21a. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH DA	AV VEAD	21c HOW INJURY OCCUP	RED (ENTER NATURE OF	INJURY IN ITEM I	18 PART I OR PART 2)		
	AL	OR CONTRIBUTING (		1111		19						
l,	EDIC	21d INJURY OCCURE		21e PLACE	OF INJURY		211 LOCATION	CHY	ORTOWN	COUNTY	STATE	_
	×	WHILE NOT WH	ILE	(AI HOME SIK	EET, FACTORY OFFICE, F	ARM, ETC.]	Since	1	1.			
		22a.1 certify that (1)				3 8	. 19		186	. 19	that (I) (we) la	ist
H		saw the decease above, (1) (we) (c	d alive on	1 view the body	after death.	, or	nd that in (my) (our) opinion	death accurred on the	ne date and h	nous and from the	couses stated	
		27h SIGNATURE					DEGREE				ESIGNED	_
		dere	my	V. Co	oke n	Cr	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [	2 19	186	
		22d PHYSICIAN'S NA	ME (TYPIO	RPRINT	0		22e ADDRESS	*				
		Here	mi	1 V- (	OOKe		10400 C	onn A	Le.	Kensm	Proh	
	230 B	URIAL, CREMATION,	REMOVAL		CU.		EMETERY OR CREMATORY	73d LOCATION	N	COUNTY	STATE	
	C	remation			.986 Me	trop	olitan Cre	n Alevan	ndria	, Virgi	inia	
	24 FU	INERAL DIRECTOR	bert	A.Pum	phrey	uner		TE REC'D. BY REGIST	RAR 756 REG			
	75	57 Wiscon	nsin	Ave. Be	thesda,	MD 2	0814 PA F	EB 24 198	6	is Davidson	-Randall	,

DHMH - 16 60M 7/84 (VRA 15, 4)

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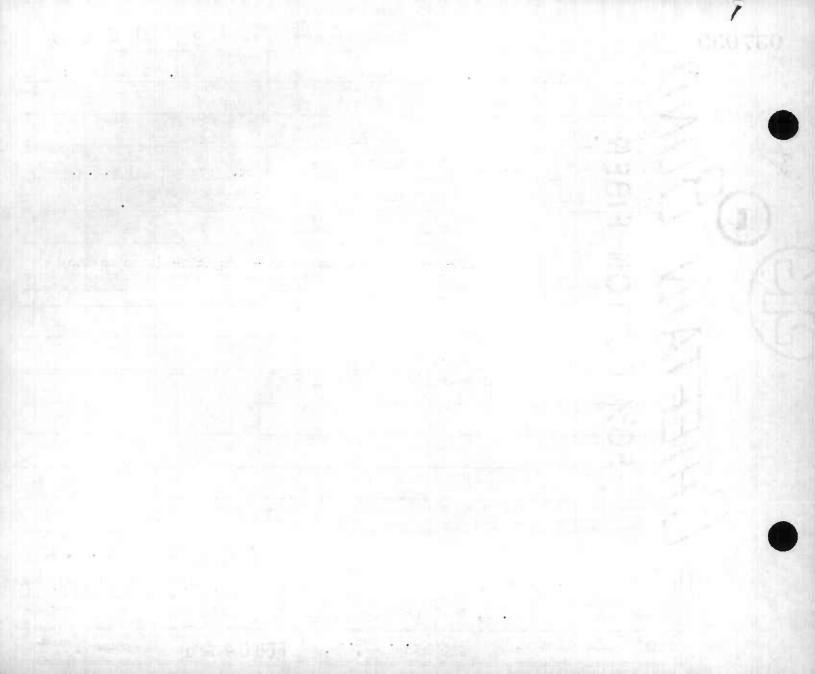
should be detached for use as the burial-transit permit. Then please remove carbai with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar re

morked or Hem 18 ste

IMPORTANT: If hem 21 is

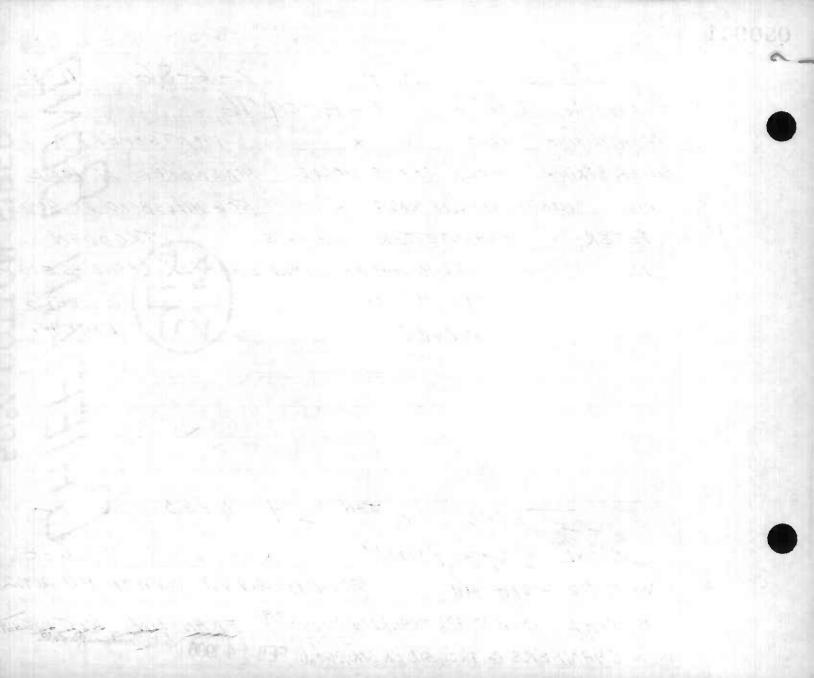
THE THE PROPERTY

037099		FOR • STATE REGISTRAR			CERTIF	OF MARYLA EALTH AND N CATE OF D	AENTAL HYG	O	6 REG. NO.	0	5 6	0 4
1 31 7		CEASED NAME FIRST OR PRINT)  Euni	ce	M.		rick		2a. DATE OF I	Feb	1/1/		3:30 P <sub>M</sub>
-1 11/	3. SE	Female	4. RACE Cauca	sian	S. DATE O	F BIRTH	95	6 AGE (IN YEA	ARS EAST BIRTHE	YRS.	NIHS DAYS	IF UNDER 24 HRS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY) BC		SA	MARRIED WIDOWE	NEVER M	AARRIED	9 BALTIMOR Mo	ntgom		FDEATH	MD.
8 190		ilver Spring		HOSPITAL, NURSIN				120. USUAL O (TYPE OF WORK) Ret. F	OR MOST OF V	VORKING LIFE)	126. KIND O INDUSTRY G. S.	F BUSINESS OR
CKE.	130	AL RESIDENCE (IF NURSING HOME STATE aryland Mont	or other institution	Silver S		13d. INSIDE CI	TY LIMITS?	13e STREET AT			c. #11	09
	14 F.	Tohn	MIDDLE	Kidwell			MAIDEN NAM	ΛĒ	WIDDLE	М	cGin1ê	У
P p p p p p p p p p p p p p p p p p p p	16a	VAS DECEASED EVER IN U.S. YES, NO OR WHYNOWN) (IF YES,	ARMED FORCES?	216-44-3		17 INFORMAI Rita Cr		- daug	ADDRESS hter-		e as l	3e)
physicia npopers maval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only ane cause per SED BY: IATE CAUSE (a)	Respirato	ry Ari	rest					APPROXI BETWEEN O	MATE INTERVAL ONSET AND DEATH
if the death cery the attending e remove corbo cremotion, or re ther troumatic		Canditians, if any, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, C	Cachexia	NCE_OF						4 m	onths
equires the n signed b Then pleas r to buriol, injury, or o	NO	PART 2 OTHER SIGNIFICAN	107	Decubitus			TO THE TERM	INAL DISEASE	OR CONDI	TION GIVEN	IN PART 110	2
no. no. hos bee permit	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	OITION FOR WHICH	OPERATION	WAS PERFOI	RMED	200 AUTOF				OF DEATH?
ding physiciar ding physiciar is certificate h burial-transit R Mental Hygier or them 18 shape	9	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR			ED (ENTERNATI	JRE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
ING PHY: r attendii After this os the bu Ith and M orked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM ETC )	21f LOCATIO STREET			CITY OR TOWN		COUNTY	STATE
TTEND potal a Distal a TOR: A for use af Heal	1	220 I certify that (I) (this ho saw the deceased olive above, (I) (we) (did) (did	on	19_	1/29 an	d that in (my)	, 19 <u>83</u> (aur) apinian (	death occurred	an the date			that (1) (we) lost causes stated
TAL RAL det	1	226. SIGNATURE )	+ DALE	er Wy	u V	DEOREE A		MEDICAL DIRECTOR	STAFF PHYSICIA	'N []	Feb.	3, 1986
TO HOSPITAL retained by to TO FUNERAL should be det with the Store IMPORTANT:		Christopher							-		nesda,	Md. 208
BP	-	BURIAL, CREMATION, REMOV	Feb.	5, 1986 <sup>73</sup> A	rling	ton Nat			ion ingtor			/irginia
DHMH - 16 60M 7/B4 (VRA 15, 4)	124 F	uneral director nes/Rinaldi Fur	neral Hor	ne 11800 N Silver	Sprin	ve. Md.	PE PE	BO4	GISTRAR 25	b. REGISTRA	R'S SIGNAT	yande

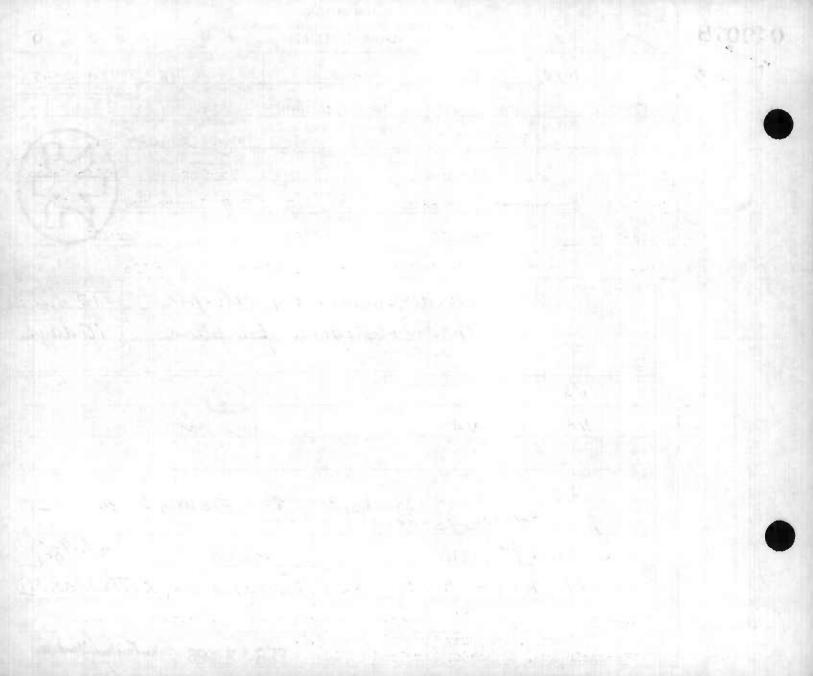


				STATE OF MARYLAND		
050041	1.	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 0	05605
		CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	ONTH DAY YEAR 26 HOUR
noy be poge 3 rr death	(TYPE	Claro	H	17+	2-6-1	86 11. PM
r. po	3 SE	7	RACE 5	DATE OF BIRTH	6 AGE (IN HEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
oge 4	1	temale	WHILE	7-19-09	16	YRS.
A D D	7a. B	OUNTRY	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR	-
deot funer fluir	10.0	ENNSYLVANIA TY OR TOWN OF DEATH		DIVORCED DIVORCED		TGOMERY CO. MD.
ofter of	10 0	TUED EDOILE	I. NAME OF HOSPITAL, NURSING I	RESS)	120 USUAL OCCUPATION	ORKING LIFE) INDUSTRY
in by	USU	AL RESIDENCE (IF NURSING HOME OR OF	THER INSTITUTION GIVE RESIDENCE BEFORE ADI	MISSION)	HEMEMAN	KER AT HOME
24 h	13a :	Md. MONTE		ISE INSIDE CITY LIMITS?	130 STREET ADDRESS / Z	LSBORO DR. 2090
thin thin	14. F/	THER'S NAME		15 MOTHER'S MAIDEN NA	ME	SOUND PR. AUTO
ed w	100	PETER	GLASSTETTI	ER MAGGIE	WIDDLE	TRODDEN
xecut		VAS DECEASED EVER IN U.S. ARME		Y NO. 17 INFORMANT	ADDRESS	
S. P.		NO -	- 232-10-0	441 MR. JERRY	SHEAREK	
hysici poper oval		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one cause per line for (a), (b), and (c)	11/A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certif ing p rban r rem		IMMEDIATE	CAUSE (a) 10001901	0///		2 WEEKS
eath trend ve co on, o		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	EOF		2 MONTHS
the d	34	gave rise to immediate cause to stating the	DUE TO, OR AS A CONSEQUENCE	TE OF		
d by itelesser		underlying couse lost.	(c)			
signed hen pli to burn ijury, o	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 110
ree na y in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED
hos b perm perm sws or	SE .			ENTITION WHO TENI ONNED	YES TO NOW	N CERTIFYING CAUSES OF DEATH?
physicic physic physicic physicic physicic physicic physicic physicic physi	CER	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURE		
PHYSICIAN anding physicians certificate burial-tro	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	YEAR		
PHYS ending this of the bund dor h	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ING after os th lift or torke	-	AT WORK AT WORK			1 600	2 0/
TENDIN tol or of OR Aft OR Aft Health	1	220.1 certify that (I) (this hospital saw the deceased alive an	oftended the deceased from	and that in (my) (and angular)	eath accurred on the date	and hour and from the causes stated
RECTO	N.	27b. SIGNATURE	view the body ofter death.	DEGREE	The desired on the dote	22c DATE SIGNED
the the corp. If	54	(Max)	Clas Im	ATTENDING PHYSICIAN	MEDICAL STAFF	- n I O Ch
HOSPITA		224 PHYSICIAN'S NAME (TYPE OR PE	RINI (	22e ADDRESS	1	
TO HOSPITA retained by TO FUNERAl should be de with the Stat		WHUTER B- GO	102H MD		ECT RIV WI	HEATON HB 2090
S. F. S. S. S. S. S. S.	23a E	SPECIFYI	236 DATE 236 NAA	ME OF CEMETERY OR CREMATORY	236 LOCATION	. COUNTY STATE
BP	74 FI	BURIAL DIRECTOR	FEB. 10,1486 FRA	NKLIN COMMUNITY	FRANK	LIN, WEST VIRGI
DHMH - 16 60M 7/84 (VRA 15, 4)	1.6	W. CHAMBEN	RS G. INC., SILV	FP CPPING MI FF	R 1 4 1986	Els ballider honda
(**************************************	YV	· YY CHITTIDE	CO CO. INC., SILVI	- SINIVU, Mai	0 4 - 1000	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



	1	FOR			DEDA		TE OF MARYL		NIPNIP.				
049078	1	STATE REGISTRAR			DEPAR		HEALTH AND FICATE OF I		SIENE 8	REG. NO.	0	5 6	06
r	1 DE	CEASED NAME FIL	RST	-	MIDDLE		LAST		2a. DATE	OF DEATH MOI	NTH DA	AY YEAR	2b. HOUR
3 70	(11)		ARY		C	1	IOBSON		1500	FFI	2 7	1986	0545 M
10 de 10	3. SE			ACE		5. DATE	OF BIRTH		6 AGE I	N YEARS LAST BIRTHDA	(Y) I	FUNDER I YEAR	IF UNDER 24 HRS
rs of		FEMALE		CAUCE	SIAN	AU		1914	-	71	YRS.	DATES DAYS	HOURS MIN.
4 #1 D	7a 8	IRTHPLACE   STATE OF FOREH	GN 7b C		WHAT COUNTR	Y? 8	D X NEVER	MAPPIED T	9 BALTIM	ORE CITY OR C		OF DEATH	
1 60	1	Texas	U	Jnited	States	WIDOW		VORCED	mo	NTGON	ERY	Co	MD.
180	V	ITY OR TOWN OF DEATH		(IF NOT IN SUC	HOSPITAL, NURS		OR OTHER INS	TITUTION	120 USUA	LOCCUPATION ORK FOR MOST OF WO		126 KIND O	Montg. Co
1 3	4450	AL RESIDENCE (IF NURSING H	OME OF OTHE			ORE ADMISSION						IL GDITC	, benoons
			ntgon	nerv	Bethes		13d. INSIDE C	NO X		Elsmer		20	0814
き このんを	14 F	ATHER'S NAME	MIDDI		LAST		15 MOTHER	S MAIDEN NA	ME				
	V	Ashley	Middle		appell		Sa	illie		WIDDLE	Ca	arnell°	
n and co		WAS DECEASED EVER IN L	I.S. ARMED		166 SOCIAL SE	CURITY NO.	17 INFORMA	INI		ADDRESS			
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hysicia paper paper navol.		18 CAUSE OF DEATH IE	nter only or	ne couse per	line for (o), (b)	and ic	0		/	11.		BETWEEN	MATE INTERVAL ONSET AND DEATH
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aned n pled burnol ny, or	13	PART 2 OTHER SIGNIFIC	ANT CON	DITIONS CO	ONTRIBUTING T	D DE ATH BU	NOT RELATED	TO THE TERM	INAL DISEA	ASE OR CONDITI	ON GIVE	N IN PART 1	
eque	CERTIFICATION	NA											TEMP.
low r	CA	190 DATE OF OPERATION	1	196 CONDI	TION FOR WHI	H OPERATIO	N WAS PERFO	RMED	20a AU	TOPSY? 20	b. IF YES;	WERE FINDIN	NGS USED
The Incom.	AT.	WA			NA	565			YES 🗀	NO	YES		NO [
IAN: T. physicular inficate of Hyginal Bash	1	210. ACCIDENT WAS UNDERLY		21b. TIME O HOUR A.		DAY YEAR	21c. HOW IN	IJURY OCCUR	RED (ENTER	NATURE OF INJURY IN	ITEM TE PAR	T I OR PART 2)	
SKC Cer The	MEDICAL	(IF EITHER NOTIFY MEDICALE)	(AMINER)	P./		19					- 1		
PHY tendi	MED	216 INJURY OCCURRED	100	21e PLACE (	OF INJURY EET, FACTORY, OFFIC	E, FARM, ETC )	211 LOCATIO			CITY OR TOWN		COUNTY	STATE
After of the of		AT WORK				land	ary 30	26	2 [	chniar	1	0/	
TEND afol OR. Or US or US		220.1 certify that (1) (this saw the deceased of	ive on C	pria	U 6 19	86	nd that in (my)	(our) opinion	depth occur	red on the date of		ond from the	that (1) (we) lost
RECT RECT Red for		obove, (I) (Ave) (did) ( 22b. SIGNATURE	did not vie	w the body	offer deoth.		DEGREE	100,700,000		ica on me abie e	110 11007 0	22c. DATE	
TAL OI Vy the SAL DI OI		Sens	uk	Ath	and			ATTENDING PLANT PLANT	MEDICAL	L STAFF		2/1	1/86
A SON A		226 PHYSICIAN'S NAME			10:00	~	22e ADDRES		DIRECTO	K PHISICIAN	1	1	1
TO HOSPI TO FUNE should be with the S		HENRY			· M.	D	8218	Misc	onsi	nave.	De	thesa	a, MD
5 € 5 € 3 ₹	230	SURTAL, CREMATION, REM	OVAL 23	b DATE F	eb. 23	NAME OF	EMETERY OR	CREMATORY	23d. LOC				
BP		Burial		10, 1	.986 P		n Memor			ockville		Maryla	
DHMH - 16 60M 7/84		NERAL DIRECTOR RODE						A 250 DAT	E REC'D. BY	REGISTRAR 25h	REGISTRA	AR'S SIGNAT	JRE
(VRA 15, 4)	75.	7 Wisconsin	Ave.	Bethe	sda, Ma	ryland	20814	IFE	B 13	1986 9	ma Da	widson-7	anatus



058010	1.	FOR STATE			DEP	ARTMENT OF I	E OF MARYLAND BEALTH AND MENTAL I	HYGIENE 8	6	n	5 6	0 7
000010	1.00	REGISTRAR					ICATE OF DEATH		REG. NO		2 0	0 /
• 9€ 7A		CEASEDMANE	FIRST		MIDDLE		AST	20 DATE		MONTH DA		26. HOUR
5 6 6	1. SE		Joh	n 4. RACE	Henry	S. DATE O	ffman, 9th	1 ACE	Feb. 2		86 IF UNDER 1 YEAR	3:00 PM
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MORE, execution on one or Pages I		WAS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMANT		ADDRES	ŝS		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the deat certificate be executed within 24 hours often this certificate has been signed by the attention physician ond completely limit in but the certificate has been signed by the attention physician and permit. Then please remove cohoringopers. Pages 1 and 2 should be fit than dwarful Hygiene prior to buriol, cremation, or removal.	CERTIFICATION	Conditions, if ony gove rise to im couse (o), stoti underlying couse	mediate ng the e lost.  NIFICANT C	CONDITIONS	ATRIC	TO DEATH BUT	NOT RELATED TO THE TIL	0,6	ASE OR COND	ist	N IN PART III	acom
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STATE OF MARYLAND

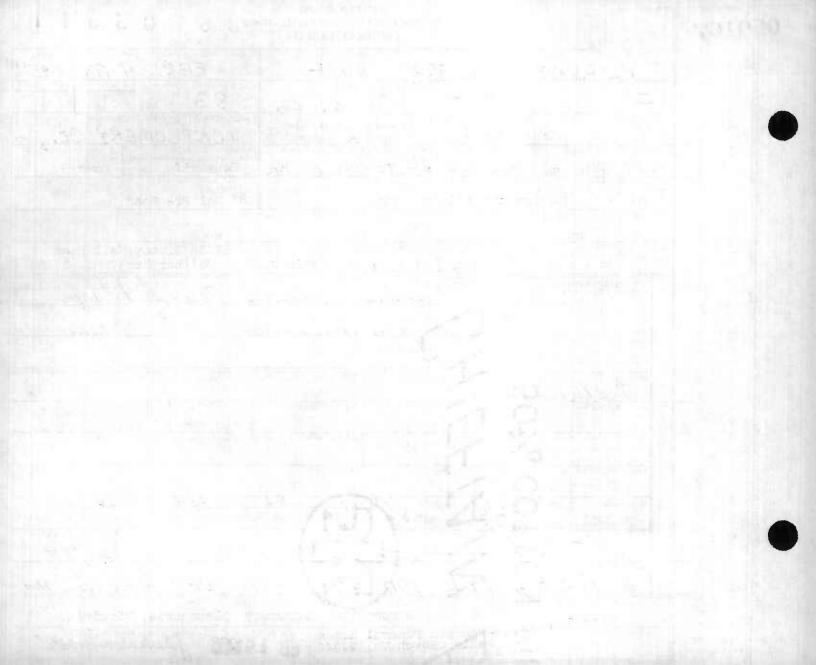
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and the f	13a S	LERESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RES	DENCE BEFORE ADMISSION TY OR TOWN USINGTON	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	MPDEN ST.	#202
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INDING or of OR After or use os of Health		220. I certify that (I) (th)s hosp sow the decored alive or above, (I) (we) (diddidd no			and that in [my] (dur) opinion	on death occurred on the	2/10 19 F8	, that (I) (we) last the causes stated
the hosp the hosp L DIRECT Hoched for e Dept		obove, (I) (we) (did I did no	or) view the body ofter d	eoth.	DEGREE ATTENDING	MEDICAL ST	AFF	ATE SIGNED
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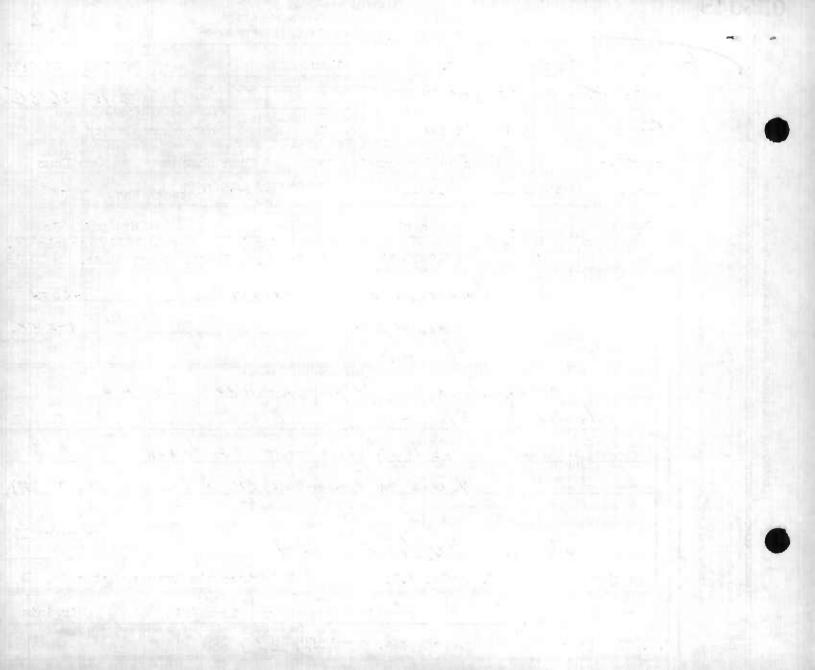
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055948STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAL REG. NO DECEASED NAME 20. DATE KNOWN X OF ESTI-Blanche B. Hulbert 19 86 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Caucasian July 2 0 1901 84 Female DEAD 193 TE CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United States Missouri □ | Montgomery County WIDOWED X DIVORCED 20 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Potomac Valley Nursing Home Rockville Homemaker Own Home 3. RETAIN PASHOULD BE F USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Montgomery 13d INSIDE CITY LIMITS? 13e STREET ADDRESS
YES NO.XX 5141 Westpath Way Bethesda 20816 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME James Not Available Dearing Mary 17. INFORMANT (Son) 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 7505 Glendale Rd. 012-28-3493B William L. Hulbert, Chevy Chase, MD 20815 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) CHIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which NEUMONIA gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 2B AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUI EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USE AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL YES TY 210 EXTERNAL CAUSE WAS HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH Te PLACE OF INJURY WHILE AT WORK AT WORK 220 I certify that I toak charge of the remains described above, held on February 15 DATE 1986 MEDICAL EXAMINER EXAMINER'S NAME Francis C. Mayle, M.D. 8200 Wisconsin Avenue, Bethesda, MD 230 BURIAL, CREMATION, REMOVAL 236 DATE CDTUATRY NAME OF CEMETERY OR CREMATORY 23d. LOCATION 16, 1986 Metropolitan Crematory Alexandria Virginia 07/84 25M 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES. 250. DATE REC'D. BY REGISTRAD 256 REGISTRAR'S STONATURE **DHMH - 17** P.A. 7557 Wisconsin Avenue, Bethesda, Maryland FFB (VR A15 ME (5))



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DEFEASED NAME Middle First Lost 20. DATE OF DEATH 2b. HOUR 24 haurs after death and (Type or print) LOTTIE 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) HOURS Ja BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MARY CAN D USA WIDOWED DIVORCED Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of Work done requires that the death certificate be executed within 12b. KIND OF BUSINESS OR SUBURBAN HOS pital during thast of working life even if retired.) ISETHESDA, MD 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before car 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE Md. YES P 3216 PAULINE NO 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First WARE EMMA MARGARET BRADES Conway 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. JNFORMANT Yes, no arjunknawn) 212-14-4122 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ONLESTIVE HEART FAILURE 3 425 IMMEDIATE CAUSE (o) \_ Conditions, if any, which gave ) ARTERIOSCIERATIC CARDIDVASGICAR DICENSE rise to immediate cause (a), burial-tran DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) HIMEMIA the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 😱 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark at wark FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased fram 1-28, 1980, to 2-24-, 198, that (I) (we) last sow the deceased alive an 1-24-, 1986, and that in (my) (our) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED -ATTENDING PHYS. STAFF PHYS. DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS 6719W-2SON LANE NAME (Type) director, should 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR

(VRA 15, 4)

STATE OF MARYLAND

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8097	1.	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	5 6 1 5
depth depth	{TYPE	CRASED NAME FIRST	DA M.	JACKSON	20 DATE OF DEATH MONTH	19-86 938 M
offer p	1	Female	White	June 29, 1895	6 AGE (IN YEARS LAST BIRTHDAY)  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
35	· ·	RTHPLACE (STATE OR FOREIGN OUNTRY)  Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Mont.	MD.
ors often	N	heaton	IT, NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Manor Care	Wheaton	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOUSewife	-
in 24 ho	130 5	Md. Pr		City YES NO	13e STREET ADDRESS / ZIP CODE 3712 - 37th	(20722) Avenue
10 /6/	1	THER'S NAME Carl	Schurn		MIDDLE	Mumburger
Pung Cond		VAS DECEASED EVER IN U.S. AR (15 YES GIV	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 217-03-		Jackson, Jr.	
Part of the state		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA		ent Stro	be	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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tion cion e hos be e hos be sit permit	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
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spitol or spitol or CTOR A I for use a of Health			tal) attended the degesed from 19	and that in (my) (a) apinian	death occurred on the date and had	19& that (I) (we) last or and from the causes stated
ral Ok A the ho tal DiRE detoched detoched are Dept.		Resolute Resolution	L. While		MEDICAL STAFF	726. DATE SIGNED 726-19, 1986
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5 5 5 4 3 3		URIAL, CREMATION, REMOVAL	23b. DATE 23c N	Lincoln Com	23d LOCATION BITTORIUM	Found Geo. No.

Ft. Lincoln Cem.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Burial
24 FUNERAL DIRECTOR Mt. Rainier, Md. Nalley's F.H.Inc.

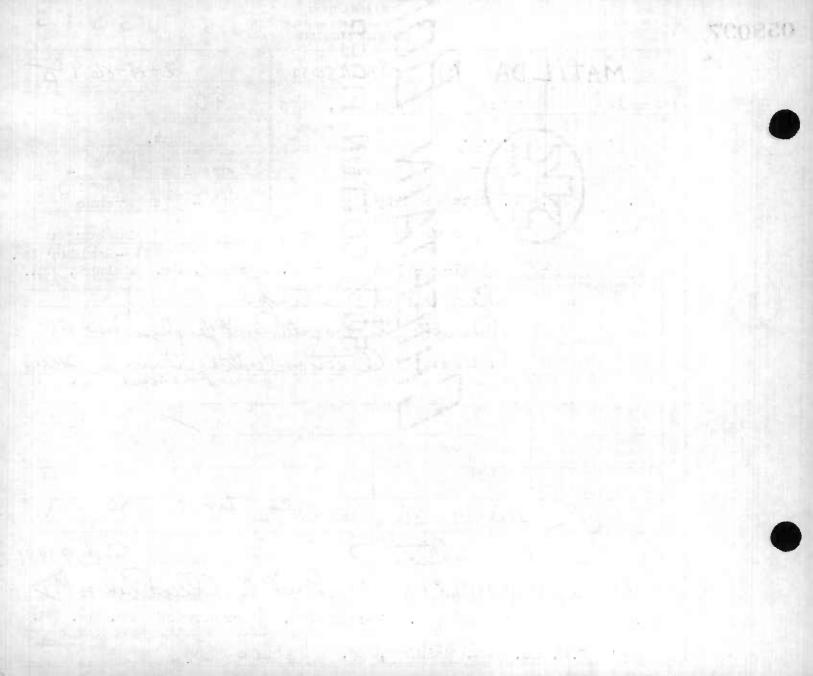
2/22/86

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

FFR 25 1986 FEB 25 1986

Brentwood

Pr. Geo. Md.



		500	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
042071	1-	FOR STATE		DICAL EXAMINER		N D	0 5	6 1	0
TIONA	1 50	REGISTRAR	WEL	MIDDLE	'S CERTIFICATE O	RE	EG. NO.		
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URS URS	2 000	1251	mond i	rocah	Vehnyo.	DEATH MATE	D Feb	2 19/	3/1
STATE	3 SEX	4. RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN PRONOUNCED	MONTH	DAY 1	A 980
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THE SE		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH		ARRIED   NEVER MARRIE	4.4	ITY OR COUN	ITY OF DEATI	Н
S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S. FOR YOUR FILES. Of WITHIN 72 HOURS W. PRESTON STREET,		Maryland		~	DOWED DIVORCE			Nev	
FLAY IS NO THE FL	10. C	TY OR TOWN OF DEATH	UF NOT IN SUCH FAC	PITAL, NURSING HOME, OF	OTHER INSTITUTION	124 USUAL OCCUPATIO FOR MOST OF WORKING LIF	FE)	OR IND	F BUSINESS
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ANY DEI ANY DEI AND 3 TC RETAIN HOWID BI	USU	TALL 13b. COL	ME OR OTHER INSTITUTION GIV	E RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	./	209	96
	1	Med M	and	Di Lipp	YES NO	1421760	DY9,5	AVer	11/16
AORE, MD R DEATH. II AGES 1, 2, RM, PM 3. I AND 2 S	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEI	NAME	0	LAST	
CAN SEE	1_	Naman		Johnson	Sadie		J	ohnso	n
ALTIMORE AFTER DEA SIVE PAGES H FORM, H FORM, ISION DE)	16a \	VAS DECEASED EVER IN U.S., (ES, NO, OR UNKNOWN) (IF YES, G	ARMED FORCES?	166 SOCIAL SECURITY NO		_	1 2 1 -	rysta	20 10 10
BALTIMORE, MD. SS AFTER DEATH. IIS GIVE PAGES 1, 2, 711H FORM, PM. 3, PAGES 1 AND 2, INTISION OF MUTA.		Yes		215-20-28	82 Ms Sheli	la Carter	Germa	.ntown	, Md
A WILL		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one cause per line	for (o), (b) and (c).)				BETWEEN	MATE INTERVAL
NA HERM			HATE CAUSE (a)	Howte	- Myoe	11/12/	201		
22 3 4 3				AS A CONSEQUENCE OF		1 - 1	n		
E BEEFER		Conditions, if any, whi gave rise to immedia	ate (b)	Chron	11/00	2vonal	VIN		
\$ 500 P. C.		lying couse last.	DUE TO, OR	AS A CONSEQUENCE OF					
8 300000			(c)						
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WR WR VARI		WHILE NOT WHILE AT WORK	ш						
ATE. OR. B.		22a I certify that I taok cha	arge of the remains desc	ribed above, held an	Autopsy , Inspection	Inquiry .	ond in my or	pinion	
NAME AND THE PARTY OF THE PARTY		death resulted from: No	atural couses 🔁,	Accident . Suicide	, Homicide .	Undetermined manner	<u> </u>		
OILD WITH		1	00%		TITLE (SPECIFY)		900		
KE, A.	1	SIGNATURE S	-1/	copers,	MD Dep	MEDICAL EXAMINER	DATE	6cb2	1986
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A STERN		(TYPE ORDRINT)		Land to the land	ADDRESS				
DIVISIO  TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING 1 PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPARE BAĞTIMORE, MARYLAND, 21201 PRIO	73a.8	URIAL CREMATION REMOVAL		33t NAME OF CEMETE		ZM. LOCATION CITY OF TOWN	000	HET .	STATE
07/84 BP	1	Cremation			atory	Washingt		•D • C	
DHMH - 17		UNERAL DIRECTOR	ADDRESS		ington265 DER	BY REGISTRAR 1236	REGISTRAR'S	SIGNATURE	101
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10000		STATE OF MARYLAND								
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6142		EASED NAME FIRST	Frances	MIDDLE Dante	l	Jones		MONTH DAY	YEAR	26 HOUR
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5.0	3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
0.00		Female	White		Nov	13, 1902	83	YRS	NIHS DATS	HOURS MIN.
69		RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.		MARRIED NEVER MARRIED WIDOWED MONORCED		9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery			MD.
00		hevy Chase	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET A DOTSET AVE	DDRESS)	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKE)	F WORKING LIFE)	126. KIND OF INDUSTRY Home	BUSINESS OR
5	13a. S	MD Mor	YINL	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Chevy Ch	٧	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS / 5402 Dorse		2081	.5
50	14. FA	THER'S NAME FIRST Augustus	Sheldon	Dante		15 MOTHER'S MAIDENNA/ FIRST Fannie	WE		Reid	
/ made		VAS DECEASED EVER IN U.S. A  (IF YES, C	RMED FORCES? GIVE WAR OR DATES)	216-46-L		Murray S. Si	impson, Jr.	Ber	evonsh	
ĺ		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). I PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cardiac arrhythmia							-	MINISET AND DEATH
raumatic	7	DUE TO, OR AS, A CONSEQUENCE OF  Conditions, if any, which ( 16) LACHE MIC CONTRACTOR							3,	nos
or other	ION	gove rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF COLONARY PLANT PLANT							5	ins
Then plants of the plants of t		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
2	THECA	190 DATE OF OPERATION	196 COND	UTON FOR WHICH	OPENTIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO ▼		VERE FINDING NG CAUSES C	
19	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	CAIN	OF INJURY .M. MONTH DA .M.	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART	I OR PART 2)	
0000		216 INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE FA	RM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 0 00	8	22a I certify that (1) (this haspital) attended the deceased fram SC 13, 19 85, to PED 14, 19 86, that (1) (we) last sow the deceased alive an SA 12 19 5, and that in (my) [per] opinion death occurred on the date and hour and from the causes stated above, (1) (wer (did) (did pot) view the body after death.)								
41. 0 mm		226. SIGNATURE	4.8	riderson	_ ^	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	220. DATE S	
APORTA		THOMAS G	. SINI	erson.	MD	11125 Rock	CUILLE PIKE	Roc	KUILLE	Md 2053

DHMH 16 60M 7/B4 (VRA 15, 4)

MAME 5130 WI Ave. NW Wash.

230 BURIAL, CREMATION, REMOVAL 235. DATE (SPECIF Burial/Transit 2/17/86

23c. NAME OF CEMETERY OR CREMATORY
Quaker St. Cem. Ouaker Street Village, NY 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	6	0	5	ó	1	8
		REG. NO.					

064066	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.
004000	HOE	CEASED NAME (FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
1 11 9	- Come	eric	Dice	Juay	2/2	4186 1990
8 8 9	1.5E)	102	4 RACE	5. DATE OF BIRTA 1927	& AGE (IN YEARS LAST B	RTHDAY) IF UNDER 1 YEAR IF UNDER 21 RS
4 500	M	ale	Caucasian	February 14,	59	YRS DATS HOURS IN.
2 32 87		THPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	ALLEGE STATE OF THE STATE OF TH	9 BALTIMORE CITY	OR COUNTY OF DEATH
1 11 10	Pei	insylvania	United State:	WIDOWED DIVORCED XI	Mont	MIM County MD.
111/	18, 91	Y OR JOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPA	
(訓護父び	X	retusal /	Dubu	Hospital	Supervise	Benefit Dept
1 22 67	13e S	AL RESIDENCE (IF NURSING HOME OR TATE 134 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) VN 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	DDAC
	Ma		lerick Freder		135 East	3rd St. Box 3661
1 10 100		THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		21701
1 11/00		Scott	Judy	Irene	MIDDLE	Kline
2 2 2 2		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT ( E	end) ADDR	
1 12 6		Yes WWI		-2642 Harvey W.	Henderson	Box 3661 Frederick, MD
1 24 4	N.	18 CAUSE OF DEATH (Enter on	ly ane cause per line for (a).	nd (c)	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 400	LO	PART I DEATH WAS CAUSE	D BY. E CAUSE (a)	Le Kesarol	ary tai	Pure
a de			DUE TO, OR AS A CONSEQU	IFNCE OF		
Service de la constante de la		Canditions, if any, which	( (b) (1)	volable A	LIDS	Market Branch - Charles
1 1111		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE Q		
toth control		underlying cause last.	(c)	Meuro	nia	
the state of	20	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GIVEN IN PART 110
2 2 2 3	1100					
1 116	ICA	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
76 200	RTIF				YES NO X	YES NO
37 315 20	C.	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH E	PAY YEAR 21t. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OR PART 2)
SEC.	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER	) P.M.	19		
F 1 4 9 9 9	VED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	FARM EIC ) 21f LOCATION STREET	CITY OR T	OWN COUNTY STATE
95 4 5 5 E		AT WORK NOT WHILE			14	
7 8 5 F E			all attended the deceased from.	Tel- 13 1986	10 Tel-	7 . 19
TA COST		saw the deceased alive on above, (I) (we) (did taid no	1) view the bady after death	and that in (my) (aur) apinion	death occurred on the	date and hour and from the causes stated
A STATE OF THE PARTY OF THE PAR		27h SIGNATURE	///	DEGREE	WEDICAL CT	224 DATE SIGNED
3 3 3 5 6 4 1		1/200	2/1/	ATTENDING HYSICIAN	MEDICAL STA	CIAN [] 0/25/86
The state of the s		22 PHYSICIAN'S NAME THE O	seems for	22e ADDRESS		Md 20877
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No to a	230 B	URIAL, CREMATION, REMOVAL	236. DATFebruary331	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COMMITTED TO STATE OF THE STATE
BP	,	Cremation	26, 1986 M	letropolitan Cre	matory A	lexandria Virginia
DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR Rober	t A. Pumphrey	Funeral Homeson ethesda, MD	TE REC'D. BY REGISTRAL	25b, REGISTRAR'S SIGNATURE
(VRA 15, 4)	P.	A. 7557 Wisc	onsin Ave., B	ethesda, MD	JR 3 1985	0

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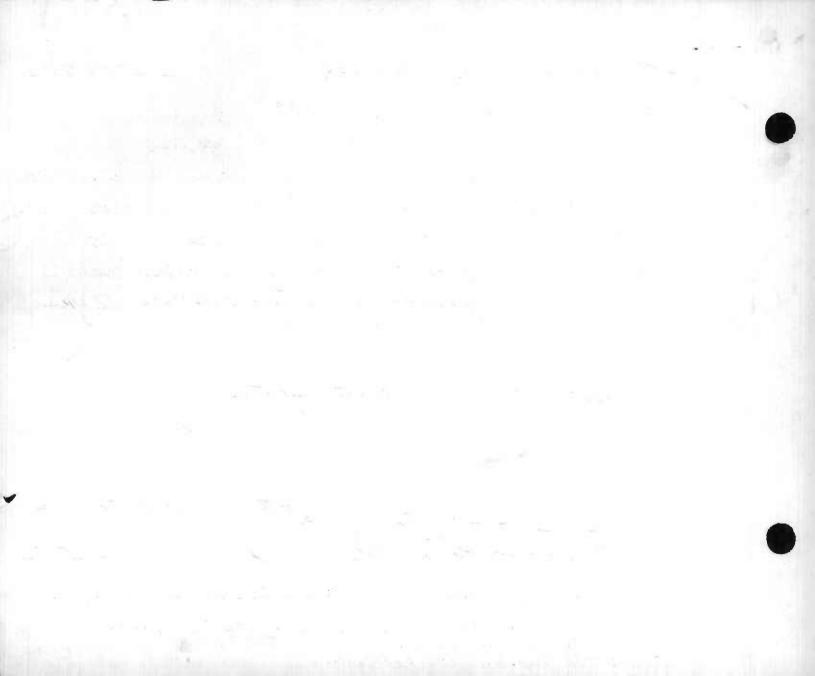
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 059072 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN [] AY IS NECESSARY, PLEASON THE THE TUNERAL DIRECTOR.
AGE 5 FOR YOUR FILES.
AMPHIN 22 HOURS (TYPE OR PRINT) OF ESTI-& AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY 70 BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY TOUROUN DIVORCED WIDOWED 126 KIND OF BUSINESS OR INDUSTRY OR TOWN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITUPE OF WORK 130 STATE 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST FIRST FORM 160. WAS DE CEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OF UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (b), (b) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. **DIVISION OF VITAL RECORDS, 201** PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HE 01 PRJOR TO BURIAL, C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 2 If LOCATION FORWARDED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 21201 TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT, BALLIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinion death resulted from: Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINE VAME 30 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION SILVER 07/84 BP 25M 24. FUNERAL DIRECTOR BY REGISTRAR **DHMH - 17** (VR A)5 ME (5))

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000	103		REGISTRAR			MEI	DICALE	XAMINE	R'S C	ERTIFIC	CATEC	FDEAT	THP	REG. NO.	2	•	7	
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NO	F. C C C S S	3	CONTRIBUTIN	G CAUSE C		Till P.M	2	14 1986		SiN	2010	- '	20 N	rc/a		2	. Oct	1 1
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	OH A MOS	1	EXAMINER'S N	IAME >	. 1	1		h -			-	J.,,	5000	MOIN	072	SUL	00- 1	
	TO MEDICAL EX EXECUTE THE CE PAGE 4 SHOUL PAGE 4 SHOUL AFTER DEATH, V BATTIMORE,		TYPE OR PRIN		ony	7 /	ora	Der.		ADDRESS_	8218	e W	C.C.	27.51		.00		
	502559	230. BL	JRIAL, CREMAT	ON, REMOVA	L 236 DATE		23c. N.	AME OF CEME	TERY O	RCREMATO	ORY	23d. LOC	ATION		COUN	417	STAT	E
07/84	BP	(	PEMATI	ON	FEB.	28,19	86 Ci	HAMBERS	S C	Reman	TORY	RIVE	PLACE	E. PG	Co.	MA	WAY	10
25M	DHMH - 17	24 FL	NERAL DIRECT	OR		ADDRECE				-	250. DATE I	REC'D. BY R	REGISTRAR	256 REGIS	TRAR'S	IGNATUR	E	
	(VR A15 ME (5))	CH	AMBERS	FUNERUH	2 Hon	ne R	LIVERD	ALG M	ANUC	MID	FEF	328	1986	41 dias	Davids	on Pa	ndesse	•

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Education of the Committee of the Commit



STATE OF MARYLAND 050071 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH RESTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN YPE OF PRINTS OF ESTI-DEATH MATED SEX & AGE (IN YEARS IPUNDER 1 YR IF UNDER 24 HRS. 20. DATE (AST BIR HDAY) DIRE PRONOUNCED 8 YRS DEAD 70 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH (STATE OR COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) ROPUDA DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE MANAGE 0 HOTEL 13d INSIDE CITY LIMIT 13a STATE 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166. SOCIAL SECURITY NO (YES, NO, ORJUNKNOWN) (IF YES, GIVE WAR OR DATES) NO NONE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PRESTON ST PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a REMOVA Conditions, if any, which gave rise to immediate 80 cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last BURI DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A E CERTIFICATION E 3 SHOULD BE USED / DEPARTMENT OF HE/ 01 PRIOR TO BURIAL, OF HE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES NO X 71n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION FORWARDED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR, PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinion death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME SEMINARY 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY CREMATORY CREMATION 24 FUNERAL DIRECTOR RIVERDAGE 07/B4 BP 25M DHMH - 17 lia Dairidan (VR A15 ME (5)) MENAL

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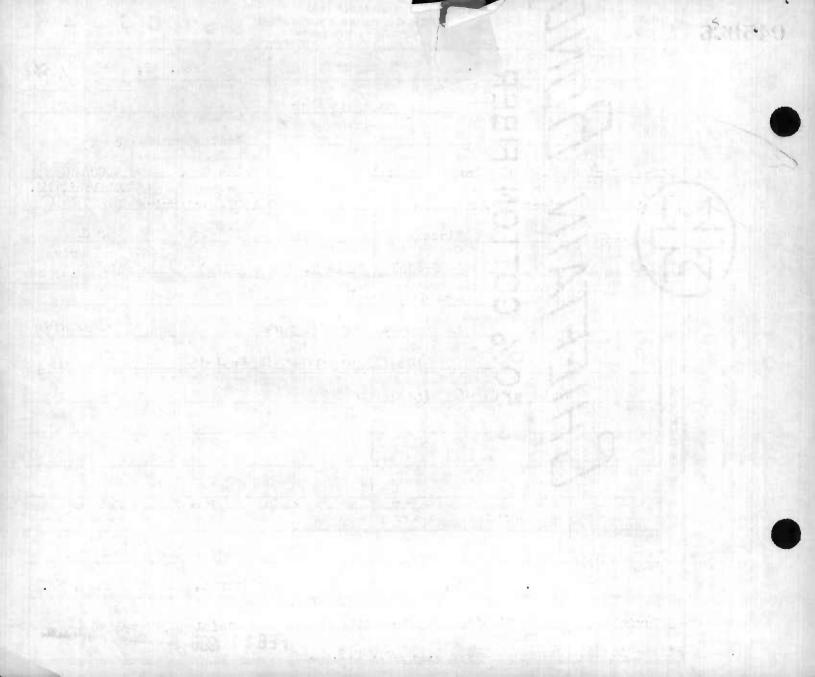
## STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	νο	5 6	2 4						
		OR PRINT)  Andrew	B.		Keyes		20 DATE OF DEATH A	_	1986 26. HOUR		
	/	ile	4 RACE White	5. DATE O		YEAR	6 AGE (IN YEARS LAST BIRTH	YRS	IF UNDER I YEAR	IF JUNDER 24 HRS	
5	/0	Penn.  TY OR TOWN OF DEATH	TISA  11. NAME OF HOSPITAL, NIE FROIT IN SUCH FACILITY, GIV	MARRIEI WIDOWE		ORCED [	9 BALTIMORE CITY OR  Monte one  12a. USUAL OCCUPATIO  (1YPE OF WORK FOR MOST OF	ry Co	un by a ser	. M BUSINESS OI	
0	SUA		Holy Cross	Hospital			Sales Rep.		ALCOA	hi, Md.	
5	Ma	TATE 136 COUNTY AND Prin	nce Geo. Adel	and the same of		NO GALLER	1907 Dana		_	nr, rid.	
7		Walter VAS DECEASED EVER IN U.S. AR	MED FORCES?   166 SOCIA	ICZKA		earl	ADDRES	S 100	Bober 7 Dana		
4	/	Yes		5-5557	Julia	P. Key	es (Wife)		lphi, Mo		
The state of	z	DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
7	RTIFICATIO	190 DATE OF OPERATION	196 CONDITION FOR	MICH OPERATION	1 4 'N WAS PERFO	RMED	200 AUTOPSY?  YES NO	IN CERTIF	, WERE FINDIN YING CAUSES	GS USED OF DEATH?	
7	MEDICAL CES	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF STREET OF THE STREET OF	HOUR A.M. MONT	19	216 HOW IN	Dati	RED (ENTER NATURE OF INJURY		COUNTY	STATE	
		220 I certify that (I) (this haspi saw the deceased alive an above, (I) jwe1 (did) (did no	ottended the deceosed	_19_ <u>&amp;6</u> _, on		, 19 <u>86</u> (our) opinion o	to Rb				
1		226 SIGNATURE	BML (RINIT)				MEDICAL STAFF		220 DATES	186	
1			B. Goldberg,				ng Street, S	ilver	Spring	, Md.	
	- 1	URIAL, CREMATION, REMOVAL SPECIFY)  Burial JNERAL DIRECTOR Fund	02/10/86 eral	Cedar I		REMATORY 250 DATE	23d LOCATION CITY OF TOWN  SUITE 1	d Ma	ryland	STATE	

DHMH - 16 60M 7/84

Hines-Rinaldi Home (VRA 15, 4)

**Funeral** 11800 N.H. Ave. S.S.Md.



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CEKIII	ICATE OF DEATH	REG. NO	D.					
		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR			
			TIMOTE	HY P	ATRICK	ŀ	KILCULLEN	FEBRUARY 21	. 198	36	2:301	) M		
	3 SEX	X	-2011	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 2			
	-13	MALE		WHITE	STEE	NOVEN	MBER 22, 1937	48	YRS.	MONTHS DAYS	HOURS	M(N,		
7		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D X NEVER MARRIED DIVORCED	9 BALTIMORE CITY O				MD.		
1	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE		12b. KIND C	F BUSINES	SOR		
0	BE	THESDA	4.4		E CLINICA		NTER	Mgr. Consul	tant	Self I	Employ	ree		
)	13a. S	AL RESIDENCE (IF ISTATE YLAND	136 COUR		OTVE RESIDENCE BEFORE 130 CITY OR TOW CHEVY CH	N	134. INSIDE CITY LIMITS?	136 STREET ADDRESS / 6803 CONN .			20815			
7		imothy	U/	WIDDLE	Kilculler	1	15 MOTHER'S MAIDEN NAME FIRST Marie	ME MIDDLE		Dovle				
-		VAS DECEASED EV YES, NO OR UNKNOWN	(IF YES GE	MED FORCES? VE WAR OR DATES! Korea	166 SOCIAL SECU		17 INFORMANT ANNE J. KILO	ADDRE		SAMI	3			
					line far (a), (b), and					APPROX BETWEEN	IMATE INTERV	Al EATH		
		PART I. DEATI	H WAS CAUSE IMMEDIA	:D BY: TE CAUSE (a)	RESPIRAT	ORY I	FAILURE			10 F	HOURS			
		Canditions, if a	immediate	DUE TO, O	BILIARY		RUCTION AND LI	VER FAILURE		2 1	VEEKS			
		underlying co	ating the		R AS A CONSEQUE METASTATI		PHAGEAL CANCE	ER		1	ZEAR			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											a			
)	CERTIFICATION	190. DATE OF OPE	RATION	IN CER								FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{VO } \text{NO } \( \text{T} \)		
-	CERT	21a. ACCIDENT WAS	VES NO X Y  DENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18											

HOUR A.M. MONTH DAY YEAR P.M

(AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

and that in (m) (our) apinian death accurred an the date and have and from the causes stated

COUNTY

STATE

22a. I certify that X (this haspital) attended the deceased from JANIJARY

Burial

(IF EITHER NOTIFY MEDICAL EXAMINER)

21e PLACE OF INJURY

DEGREE 22e ADDRESS

22c. DATE SIGNED

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR.

230 BURIAL CREMATION REMOVAL

NATIONAL INSTITUTES OF HEALTH, 9000 Gate Of Heaven Cem

Washington D.C.

CITY OR TOWN

COUNTY

Maryland

· Devidon-Randelle

P. Grand State of the Control of the

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DHMH - 16 60M 7/84

(VRA 15, 4)

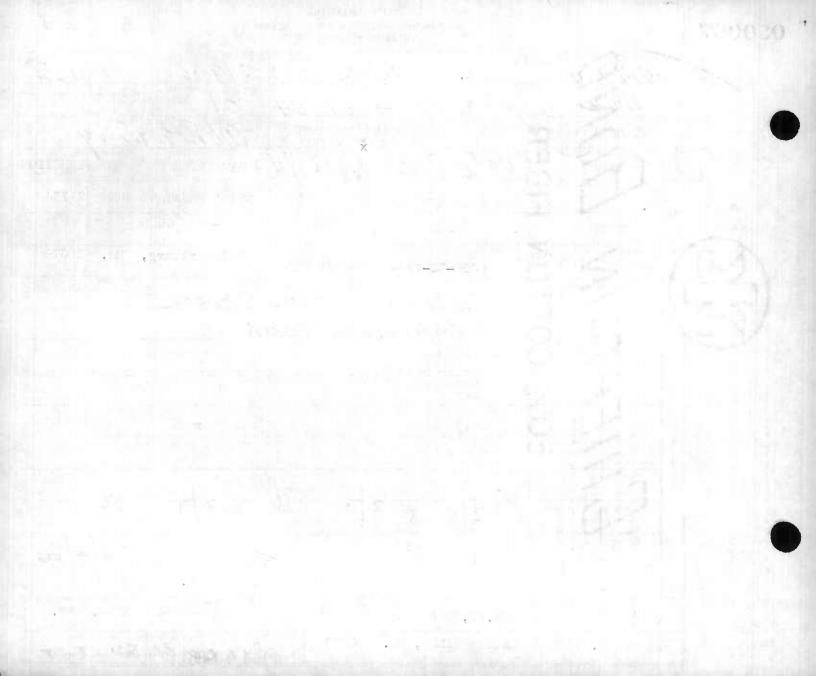
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STATE OF MARYLAND			
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-6	0	3
CERTIFICATE OF DEATH	REG.	NO	

1	100					STAT	E OF MARYLAND			m / 1	3 6
١	1.	FOR STATE			DEPART		IEALTH AND MENTAL HYG	IENE 6	0 ;	2 0 6	2 0
1		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
4		EASED NAME F	RST Orvi	lle ^	AIDDLE M.		AST Kile	20. DATE OF DEATH	4		26 HOUR
1	10.000	ORVIL	LE	/	n	KIL	E		2 - 5	15-86	12 P A
1	1. SEX		4 RAC	E			OF BIRTH	6 AGE (IN YEARS LAST BI	RIHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male		Whit	ce	MONTH	0.01	100	YRS	AONIHS DAYS	HOURS MIN.
Я		RTHPLACE (STATE OR FORE	IGN 76 CITI	ZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
4	100	Ohio		USA	1	WIDOWE		Montgome	су		ME
7		TY OR TOWN OF DEATH					OR OTHER INSTITUTION	120 USUAL OCCUPAT			BUSINESS OR
Я	11	Wheaton			HEACHLITY, GIVE STREET LOH Hills		ing Home	Washington		Sears	Roebuc
1	USUA	AL RESIDENCE (IF NURSING	HOME OR OTHER IN		GIVE RESIDENCE BEFOR	E ADMISSION)		In Capacia to page	4 710 0000		
Я	138.5	A Section 1	COUNTY	erv	Betheso		134 INSIDE CITY LIMITS?	6508 Wis	casset	t Rd./20	0816
7	14 FA	THER'S NAME	101108011	01.0			15. MOTHER'S MAIDEN NA				
Ø		Morris	WIDDLE		Kile		Morie	WIDDLE		Zinn	
		VAS DECEASED EVER IN			166 SOCIAL SECU	JRITY NO.	17. INFORMANT	602 DP	ams L	anding	way
	(1	NO OR UNKNOWN) (1	FYES, GIVE WAR OF	R DATES)	578-46-1	108	Ronald C. Ki			-	
H			nter anly and	CUVA DOL	line for (a) Ab as	die					MATE INTERVAL
ı		18 CAUSE OF DEATH Enter only one cause per line for rail to , and rail PART I. DEATH WAS CAUSED BY.							- WIENO	BB 1	
		IMMEDIATE CAUSE (0)									
				JE TO, OF	R AS A CONSEOU	ENCE OF					
		Conditions, if any, will gave rise to immed	iate	(b)							
	100	couse (a), stating underlying couse	the Dt	JE TO, OF	R AS A CONSEQU	ENCE OF					
	140			(c)							
	z	PART 2 OTHER SIGNIFI	CANI CONDII	IONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	-//	DITIONGIVI	EN IN PART TIO	
	CERTIFICATION	19g DATE OF OPERATION	20 00	ree	TION FOR WHICH	LOPERATIO	IN WAS PERFORMED	280 AUTOPSY?	20h IE VES	, WERE FINDIN	CS HISED
1	FIC.	DATE OF OPERATION	170	CONDI	TION TOR WHICH	OFERATIO	IN WAS FERFORMED		IN CERTIF	YING CAUSES	OF DEATH?
-	RTI	21g. ACCIDENT WAS UNDERL	VINIC [7]	b. TIME O	E INTINIDY		11. HOW IN HIRV OCCUP	YES NOW	YES		NO 🗌
,		OR CONTRIBUTING CAUS	(m)			AY YEAR	21¢ HOW INJURY OCCUR	KED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	LIF EITHER NOTIFY MEDICALE		P./	··	19				100	
	MED	21d INJURY OCCURRED	1.6		DF INJURY EET, FACTORY OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
		AT WORLD					1/26	21/0		of	
		220.1 certify that III h				86	1126 1987	10 77	2	- /	hat (1) (we) lost
		stree the description observe (1) we brief	did not view	the body	after death.	, 0	nd that in (my) bur) opinion	death occurred on the c	ate and have		
		276 SIGNATURE	1	1/.		4 6	DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE S	SIGNED
7		22d PHYSICIAN S NAME (TYPE OR PRINT)								-1	
				12 11	w		110 ADDRESS 3720	FARRAGO	TA	VE	0 ,
			DSEAL				KEN	SINGTON	, aco	1080	: 1
		SPECIFY)					EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial		/1/8			ncoln Cemeter		wood,		
		INERAL DIRECTOR JO						E REC'D. BY REGISTRAL	256 REGISTE	RAR'S SIGNATU	JRE
	21	30 Wisconsi	n Ave, N	w, wa	snington	D.C.	500TP	3 4000	138 Jan	indran Ban	ord a tree

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050067	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		IE 8 6	0	5 6	2/	
4 may be	TYPE	William	ILLIAM	G.	5. DATE O	F BIRTH YE		DATE OF DEATH	THDAY)	YEAR  IF UNDER 1 YEAR  ONTHS DAYS	26 HOURS MIN.	
death Page	1	RTHPLACE (STATE OR FOREIGN COUNTY ADABAMA	US.		WIDOWE	DEVERMARRIE DE DIVORCE		BALTIMORE CITY O	PROUNTY	nerg	MD BUSINESS OR	
4 hours ofter	SI	LVER SPRING  AL RESIDENCE (IF NURSING HOME  136. CO	OR OTHER INSTITUTION	CHECHITY GIVE TREET	ADMISSION)	134 INSIDE CITY LIM	HTS? 13	OF CARPENTE		CONS	STRUCTION 21754	
oted within 2	4 FA	THER'S NAME STEVE  VAS DECEASED EVER IN U.S. A	EDERICK	KIRK		YES NO F		-MIDDLE	GOSS	EAS		
ote be exec	1	(IF YES, ON OR UNKNOWN) (IF YES, ON OR UNKNOWN)	GIVE WAR OR DATES)	420-32-1	284	GARVIN KI		Gaithers		Md.	20879	
equires that the death certifica in signed by the ottending phys. Then please remove carbango to barial, cremation, or remov injury, or other traumatic event	NO	PART I. DEATH WAS CAU IMMEDI  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICAN	DUE TO, O  DUE TO, O  DUE TO, O  DUE TO, O	Metas or as a conseque on as a conseque	NCE OF	rdyn C	on			N IN PART 1	0	
n. no been permit. ne prior	CERTIFICATION	RIFICATION	19a DATE OF OPERATION			OPERATION	N WAS PERFORMED	1.00	20e AUTOPSY? YES NO	IN CERTIFY YES		
A TTENDING PHYSICIAN hospitol or ottending physicians in the properties of the principle of the principle of Health and Mental Hytem 21 is marked or fem 18.	MEDICAL CE	21a. ACCIDENT WAS UNDERTITING OR CONTRIBUTING CAUSE OF C (FETTHER NOTIFY MEDICAL EXAMINATION OF THE NOTIFY OF	PLACE (AT HOME SI	M. MONTH DA M. OF INJURY REEL FACTORY OFFICE F.	ARM ETC)	ZH LOCATION STREET  19 d Nat in (my) (our) o	80 opinion dea		wn	COUNTY		
TO HOSPITAL C		DR. JAY C		In IVV	IAME OF C	ATTEND PHYSIC  226 ADDRESS SILVEF EMETERY OF CREMA ONSVILLE	R SPR	ING MD.	20°	907 MONT	9/86 MD	
BP		BURTAL INERAL DIRECTOR RANGIS H. BARE		12,1986 CONSVILLE,				LAYTONS VECID. BY REGISTRAR	256 REGISTR	MONT.  AR'S SIGNAT  Furdson		



MD. 21043

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE The second

10 00 00

Alberta Sank S

28, 1986

7557 Wisconsin Ave. Bethesda, Maryland 20814

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P. A. DATE REC DESTREMENTAL PROPERTY AND PARTY OF THE PROPERTY OF THE PR

- STATE

Entombment

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Parklawn Memorial Park

Rockville

76 HOUR

20895

IF UNDER 24 HRS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 070159 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN XX MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 6-FOR YOUR FILES. D) WITHIN 72 HOURS W) PRESTON STREET, DEATH MATED Shellv 22 19 86 Klippe Rae 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) MONTHS YEAR PRONOUNCED 9:30P March 29 163 Pemale White DEAD 22 19 86 TO BIRTHPLACE (STATE OR 7h. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY Maryland U.S.A. WIDOWED DIVORCED 1, 2, AND 3 TO THE FUN M 3. RETAIN PAGE OF ID 2 SHOULD BEFILED, W MAI RECORDS, 201 W, F Montgomery County D. CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! 3003 Muddy Branch Road Gaithersburg SUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 13e. STATE 13h COUNTY 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Gaithersburg 19 School Drive 20878 Md. Montgomery YES TE NO [ M FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE Klippel Dell Robert Tee Linda Marie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 19 School Dr. IAN SOCIAL SECURITY NO IYES NO OR UNKNOWN) 213-92-8111 No Linda M. Marcellino Gaithersburg Md APPROXIMATE INTERVAL IR CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Multiple stab wounds & Blunt trauma of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which CATE, WRITING THE WORD, "PENDING" IN PENDING OF RABIDS TO THE CHIEF MEDICAL EXAMINE OF RAGE STOULD BE USED AS A BURRAL. TRAINER STOULD BE USED AS A BURRAL. TRAINER OF PERTIN AND MENTAL NND. 21201 PRIGR TO BURRAL, CREMATION, OR RICH. gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Y NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR XX. MONTH DAY YEAR UNDERLYING OR OF DEATH 19 86 Subject assaulted 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION EXECUTE THE CERTIFICATE, WRITING AS A SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 CITY OR TOWN NOT WHILE AT WORK 3003 Muddy Branch Rd, Gaithersburg, Mont, MD. house Autopsy X 22a I certify that I took charge of the remains described above, held an Inspection and in my opinian Hamicide X death resulted fram: Naturol ca Undetermined manner TITLE (SPECIFY) ACTUAL DATE 2/23/86 Assistant SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Lee's Crematory Cremation Washington, D. C. 07/B4 14 EUNIRAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Weshell Sanderon 3160 Es Diamond Ave. DHMH - 17 (VR A15 ME (5)) Gartner Sandison F.H. Gaithersburg .Md. 20877

A TOTAL ELECTRICAL CONTRACTOR OF THE STREET, AND A STREET,

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and the company of 1861 S.M. Mark and the company of the company o

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR

Rockville

4 RACE

Montgomery

AUC.

126 KIND OF BUSINESS OR

INDUSTRY

206 IF YES WERE FINDINGS LISED

COUNTY

	REG. NO.		
LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
RICHMAN	2/2	18/86	19:274
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF CNDER I YEAR	IF UNDER 24 HR
January 26, 1896	90 YRS	MONTHS DAYS	HOURS MAN
8.	9 BALTIMORE CITY OR COUN	TY OF DEATH	

MARRIED NEVER MARRIED U.S.A. WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Housewife

Home 13e.STREET ADDRESS / ZIP CODE 6111 Montrose Road (20852)

Pauline Sakin Pasant 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Sifver Spring Md. 20906 Carol Lavin, 15107 Interlaction Dr. #718.

15 MOTHER'S MAIDEN NAME

1	YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	102-20-4036D Carol Levin;1510	7 Interlachen Dr.,#718;
		H (Enter only one cause per AS CAUSED BY: IMMEDIATE CAUSE (a)	line far (0), (b), and (c)  CANDIAC BANKS T	APPROXIMATE INTERVAL BETWEEN OMSET AND DEAT 15 MIN V TOS
	Conditions, if ony,	Willett (b)	RAS A CONSEQUENCE OF NEW MONIA	4 days
	gave rise to imm couse (a), stating underlying cause	g the DUE TO, OI	R AS A CONSEQUENCE OF	

YES X

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

2						IN CERTIFYING CAUSE	
TIE				YES 🗌	NO	YES	NO 🗆
CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M., MONTH DAY YEAR	21c. HOW INJURY OCCURRE	) (ENIERN	ATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	-1.01
CA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19					V2

21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET NOT WHILE

22a. I certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated

saw the deceased alive on 77h SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN ADDIRECTOR PHYSICIAN

22e ADDRESS

Wheaton 17, 20906

CITY OF TOWN

23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Buria1 3/2/86 Mt. Hebron Cemetery

Flushing, New York

DHMH - 16 60M 7/84

1170 Rockville Pike; Rockville, Md. 20852 (VRA 15, 4)

DECEASED NAME (TYPE OR PRINT)

Russia

Maryland

4 FATHER'S NAME

Julius

3 SEX

APPLIES STATE

Name of the last of the

## FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

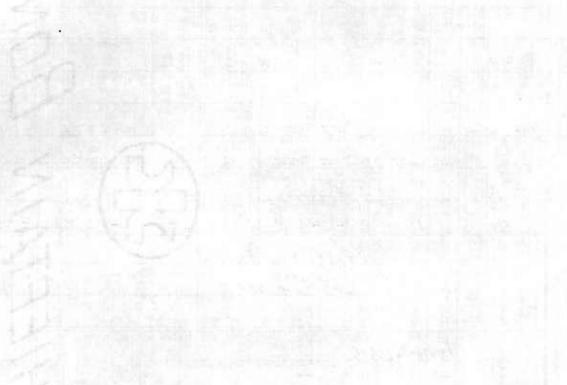
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0	U	2	9		

REGISTRAR		CERTIFI	CATE OF DEA	HTA	REG. NO.			
DECEASED NAME FIRST MIDDLE		LA	151		20 DATE OF DEATH MONTH DAY YEAR 26 HOUR			
Germaine		La	France		Feb. 21 1986 12:45 AM			
sex Female	4 RACE White	5 DATE O	DAY	1901	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
76 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY		May	24	1901	84 YRS	VOEDEATH		
COUNTRY		MARRIED	NEVER MA		9 BALTIMORE CITY OR COUNTY OF DEATH			
Canada USA  10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURS		WIDOWE		RCED	Montgomery MD.  126 USUAL OCCUPATION 126 KIND OF BUSINESS OR			
Silver Spring 311 Windsor S		T ADDRESS)	K OTHER HASTIN	JIIOIN	(1) THE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker own home			
USUAL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFO						Tome	
Maryland Mont	gomery Silver S		13d INSIDE CITY YES X N		13e STREET ADDRESS / ZIP COD 1400 Fenwick Lar		5 2091	
14 FATHER'S NAME		PLING	15 MOTHER'S M		AE .	10    000		
Clovis Fecte		eau	FIR	Alphon	sine MIDDLE	Valin		
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		17 INFORMANT		ADDRESS		20910	
(YES, NO OR UNKNOWN) (IF YES, C	N/A 153-12-9	9530A	John La	France	-son-311 Windson	r St., S	S.S. Md.	
18 CAUSE OF DEATH (Enter	only one cause per line for 101, (b.), o		1	, 1			IMATE INTERVAL ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) RESEVATION FIRE ST						1 ours	1 1 7	
WWW.	DUE TO, OR AS, A CONSEQU	LIENCE OF						
Conditions, if ony, which ( 16) LV19 CANLLY						Gin	6 months	
gove rise to immediate cause to, stating the	DUE TO, OR AS A CONSEQU							
underlying cause last.	(c)		4 (EC 11)		THIS OF B	- 13		
	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART I	a	
or /v	De-C1/0515							
19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	OPERATION WAS PERFORMED				S, WERE FINDIN			
Ē.			In the same			ES 🗌	NO 🗌	
OR CONTRIBUTION C CAUSE OF F	LUCUS AM MONTH	DAY YEAR	ALC HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)		
(IF EITHER NOTIFY MEDICAL EXAMIN		19	AV. 105111011					
21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
22a I certify that fin this has	pital) attended the deceased from	10	10	1945		1956	that (I) (we) last	
saw the deceased alive a	201 wew the body after death.	56 on	d that in my (au	ur) apınian d	death accurred on the date and had	ur and fram the	causes stated	
226. SIGNATURE	1	C	DEGREE			22c. DATE	SIGNED	
kuling his	7		PH'	YSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	12/2	1/86	
224 PHYSICYAN'S NAME ITTE	No.	??e ADDRESS						
Ira F	. Krefting, MD		2101 Me	dical	Park Dr., Silve	er Sprin	ig, Md.	
23a BURIAL, CREMATION, REMOVA			METERY OR CRE		Silver Spring	Mainting	own SIM d	
Rivial	Fab 24 1986	Care o	T HEAVE	n	1911AGL SDLIDS	MOTIFECIM	CIV MIC.	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
Hines/Rinaldi Funeral Home

11800 N.H. Ave., Silver Spring, Md.



STATE OF MARYLAND

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LEONAND L. DETTL. MD MOR TOKET GLEN KB Cremition Feb 24, 1986 Ise's Gremitor,

J. William Le's Con Commun.

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Washington, D.C.

STATE OF MARYLAND

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MARINE TO I TO AND AND ADDRESS OF THE PROPERTY.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 052120 CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 2n DATE OF DEATH CTYPE OR PRINTS 2 Jack 86 10 4. RACE 3. SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR DAYS Male 10 BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Connecticut Montgomery County, WIDOWED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR Takoma Park Washington Adventish Hospital Mech.Engineer(Ret)Dept.of Defense 30 STATE Silver Spring 13e STREET ADDRESS / ZIP CODE Montgomery Maryland 9421 Weaver Street (20901) IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE Goldie Laskowitz (Unknown) Harry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. IT INFORMANT Maryland 20901 (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) NO 054-07-7359 Beatrice Laskowitz; 9421 Weaver St.; Silver Spg 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b) and (c) PART I, DEATH WAS CAUSED BY: Arres LOUK Conditions, if ony, which gove rise to immediate couse tot, stoting the DUE TO, OR AS CONSEQUENCE OF underlying couse lost. evere archan PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINIAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Fibh/alian ou a 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO T 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 2 le PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated did (did not) view the body after death DEGREE 22c DATE SIGNED ewall MEDICAL 2/10/86 DIRECTOR PHYSICIAN 27d PHY: CIAN'S NAME LIVE OF PRINT 22e ADDRESS ORT Cega Erman 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 236 DATE Baltimore, Maryland Burial STATE 2/13/86 Shaarei Zion Cemetery 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEM, CHAPELS PATE REC.D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 runa varyacon francaise 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15. 4)

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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, CERTIFICATE OF DEATH

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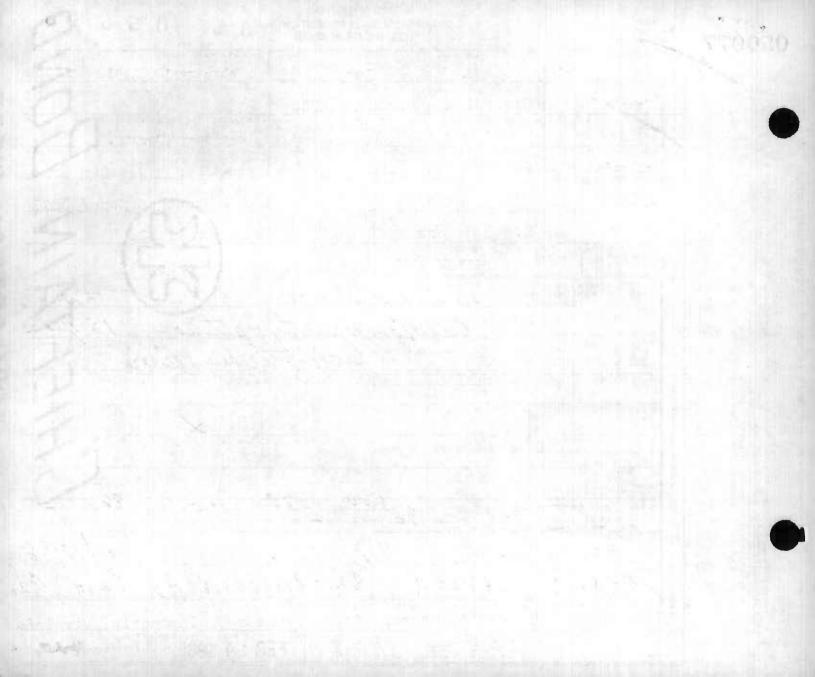
	BEGISTRAR				•			REG. NO.			
	PE OR PRINT	FIRST	N	HODLE		AST	20 0	ATE OF DEATH MON	ITH C	DAY YEAR	26 HOUR
		Sylvia		M.		Law		February 1		1986	6:30p M
3. S	EX	4. R	ACE		5 DATE C		6. AC	SE (IN YEARS LAST BIRTHDA	Y) .	IF UNDER TYEAR	IF UNDER 24 HRS
	Female	(	Cauca	sian	Marc	0 2006		59	YRS	MONTHS DATS	HOURS MIN.
70	BIRTHPLACE ISTATE OR	FOREIGN 76	CITIZEN OF V	WHAT COUN	TRY? 8	NEVER MARRIED	9 BA	ALTIMORE CITY OR CO	OUNTY	OF DEATH	
	Canada		Cana	da	WIDOWE			Montgomery	Cou	nty.	MD.
10	CITY OR TOWN OF DE	ATH 11.				R OTHER INSTITUTION	1 12a	USUAL OCCUPATION		126. KIND C	F BUSINESS OR
1	Bethesda	6.	503 S	toneh	am Roa	1		omemaker	KKING UF		n Home
U5 13a	UAL RESIDENCE (IF NUR				BEFORE ADMISSION)	13d. INSIDE CITY LIMIT		TREET ADDRESS / ZII	CODE		
N	lary land	Montg	omery	Beth	esda	YES NO X		503 Stone			/20817
14	FATHER'S NAME			LAST		15. MOTHER'S MAIDEN	NNAME				
1	James	MID	i.	Ro	SS	FIRST	No	t Avail	ab1	e	51
160	WAS DECEASED EVER			166 SOCIALS	SECURITY NO.	17 INFORMANT		ADDRESS			
N	MAS DECEASED EVER	(IF YES GIVE WA	R OR DATES	577 86	2790	Norman C	. Lav	v, same a	s #	13	
	18 CAUSE OF DEAT	H Enter only o	ne couse per	line for to), (b	o, and ic						MATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	VAS CAUSED BY	1	Lles	NI	allens	1			-3	mas
П		IMMEDIATEC		A CAMPANIA	commenter.		. /	-1-5			
1	Conditions, if ony	. which	DUE TO, OK	AS A CONS	dia	wortell	tut	- noterio	-	15	HERES
	gove rise to im	mediate	10)			1	110	, ,	16		/
	underlying couse		DUE 10, OR	AS A CONSI	EQUENCE OF	schi	2tei	, heart di	-12	21	
	PART 2 OTHER SIG	NIFICANT CON	DITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR CONDITA	ON GIV	EN IN PART 1:	n:
NO				7- 7-							
CATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	20			, WERE FINDI	
ĮĚ							Y	S NOD	CERTIF YES	YING CAUSES	OF DEATH?
CERTIFI	210 ACCIDENT WAS UN		216 TIME OF		0.4W W5.4B	21c HOW INJURY OC	CURRED (	ENTER NATURE OF INJURY IN	ITEM 18 P	ART 1 OR PART 2)	
AL	OR CONTRIBUTING		HOUR A.A	A. MONTH	DAY YEAR	L 19 30					
EDICAL	21d INJURY OCCUR		21e PLACE C	OF INJURY		211 LOCATION				COUNTY	
1	WHILE NOT W	HILE [	(AT HOME STRE	EET, FACTORY, OF	FICE FARM, ETC )	STREET		CITY OR TOWN		COUNIT	STATE
	22s I certify that (I		attended the	deceased fr	om_ /	2V, 19	70	· Ferr		19 86	that (I) (area) last
	sow the deceas	ed plive on	Jeo	-6		d that in (my) 🗪 ) api	inion death	occurred on the date o	nd hour		
	22b SIGNATURE	did) (did sol) vii	the body o	Ma		DEGREE				122c DATE	
1	Man	whi.	11/2/	Willa	M	D ATTENDIN		DICAL STAFF		2/	10/86
1	224 PHYSICIAN'S N	AME (TYPE OR PRI	NT)		/ 1	226 ADDRESS	AN DIR	ECTOR PHYSICIAN		2	10/00
	MAR	111/	11/4	DLE	P	82181	1500	NOIN A	,,	Des	N /40
230	BURIAL, CREMATION,	PEANOVAL IS	2h DATE	1	22, NAME OF C	EMETERY OR CREMATO	20V 122	d LOCATION	11	7-21	11/100
230	Crematio	n 1	3b. DATE F	386		litan Cre		CITY OR TOWN	o = 1	COUNTY	STATE
24			,			al Home					/irginia
7	557 Wisco	nsin A	Ve Re	these	ia, MD 2	ngia PA	FFR	1 4 1986 4	who	Davidson	Mandelle
1 '	00, 111300	TIDITIE L	r v C . DC	CITOSC	ra , Pill 2	DOTA - TA		1000			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detached far use as the burial-transit permit. Then with the State Dept. of Health and Mental H. or me price to bu

MPORTANT: If Item 21 is morked or Item 11



FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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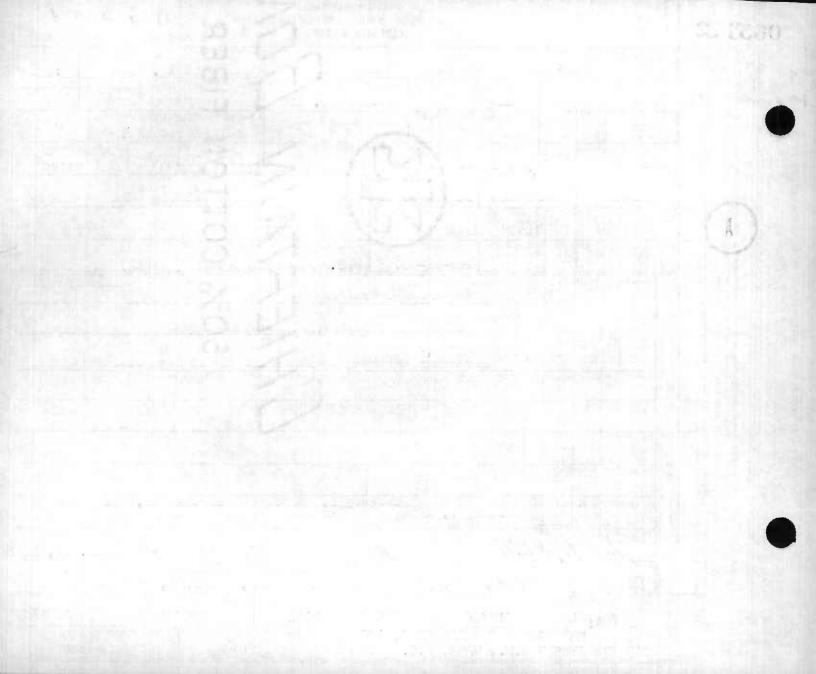
REGISTRAR				CERTIT	ICATE OF DE	MIII	REG. N	0		
1. DECEASED NAME	FIRST		MIDDLE	t,	AST		20 DATE OF DEATH	MONTH	DAY YEAR	R 26 HOUR
(TITE ON PRINT)	MICHAE	L .	DWAYNE	LA	WRENCE	700	FEBRUARY	13,	1986	8:30A
3 SEX		RACE		5. DATE O		WE AD	6 AGE (IN YEARS LAST BIR	THDAY)	MONIMS DA	
MALE		WHITE		FEBR	UARY 9,	1963	23	YRS		ITS HOURS MIN
To BIRTHPLACE (STA	TE OR FOREIGN	L CITIZEN OF	WHAT COUNTRY?	8.	NEVER M.		9 BALTIMORE CITY C	R COUN	TY OF DEATH	
MARYLAND		USA		WIDOWE		ORCED	MONTGOMERY	COU	INTY	A
O CITY OR TOWN O	FDEATH		HOSPITAL, NURSIN		R OTHER INSTI	TUTION	120 USUAL OCCUPAT			D OF BUSINESS C
BETHESDA			ESTELLE R			at Account	CARPET INS			HOUSING
USUAL RESIDENCE I 136 STATE MARYLAND	13b COUN' MONT	THER INSTITUTION TY  GOMERY	136 CHY OR TOW SILVER S		13d. INSIDE CIT	Y LIMITS?	13. STREET ADDRESS 12915 ESTI	ZIP CO	ROAD	20906
FATHER'S NAME	N	IDDIE	LAST	2	15 MOTHER'S	MAIDEN NAA	AE MIDDLE			LAST
WOODROW		LSON	LAWRENCE		CH	HARLOTT	ΓΕ		SA	ALTER
160 WAS DECEASED	EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	IT	ADDRI	\$5		
NO			220-88-2	2374	MRS. C	HARLOT	TE BOWDEN	MOTH		SAME
			line for (a), (b), and						APP BETWS	ROXIMATE INTERVAL
PARI I. DEA	TH WAS CAUSED	CAUSE (o)	RESPIRAT	ORY F	AILURE	33				
		DUF TO O	R AS A CONSEQUE	NCE OF						
Conditions, if	ony, which	( 1b)	WIDESPRE	AD PE	RIPHERA	L NEUR	OEPITHELION	ſΑ		
gove rise to	immediate	SULT TO O	R AS A CONSEQUE							
	couse lost	DOE TO, O	EWING'S	SARCO	MA					
PART 2 OTHER	SIGNIFICANT	ONDITIONS CO				O THE TERM	INAL DISEASE OR CON	DITION	SIVEN IN PAR	T lug
								5111011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
H90 DATE OF O	PERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFOR	MED	200 AUTOPSY?			NDINGS USED
N. I.							YES X NO	1	TIFYING CAU	SES OF DEATH?
21a. ACCIDENT W	AS UNDERLYING	216 TIME C			21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJU	_	6.40	
	CAUSE OF DE AT	HOUR A.	M. MONTH DA	AY YEAR	100					
OR CONTRIBUTION (IF EITHER NOTIF		21e PLACE		14	211 LOCATION	7				
	OT WHILE		REET, FACTORY, OFFICE F	ARM, ETC }	STREET		CITY OR TO	WN	COUNTY	STATE
	at WORK	l) attended th	e deceased from_	Febru	ary 5.	19 85	Februar	17 13	19 86	
sow the de	ceased alive on_	Februa	ry 7, 198	6 00	d that in XXI (c		death accurred on the de	ate and h		—, that
22b. SIGNATUR		view the body	ofter death		DEGREE					ATE SIGNED
	Web	im		mi	O AT	TENDING	MEDICAL STA	F	-	
22d PHYSICIAN	'S NAME /TYPE OR	1111		111.0	220 ADDRESS		DIRECTOR PHYSIC			b. 14, 1
Dano	S NAME (TYPE OR	2. D (	1010		730-00		NAL INSTITU			
PHOID	6. 1	or unce	MD				KE, BETHESI	A, M	IARYLAN	D 20892
230 BURIAL, CREMAT		23b. DATE			EMETERY OR CE		23d LOCATION CITY OR TOWN		COUNTY	MADISIAIS
	AL	2/17/			N MEMOR		ROCK	VILL	.E	MARYLA
24 FUNERAL DIRECTO					C	250. DATE	REC'D. BY REGISTRAR	-	S	
1217 OTL	STREET	N.W	WASH, D.C			HER &	( ) Think of Gi	inde	ridan The	mobile 1

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, TO FUNERAL DIRECTOR. After this certificate has been

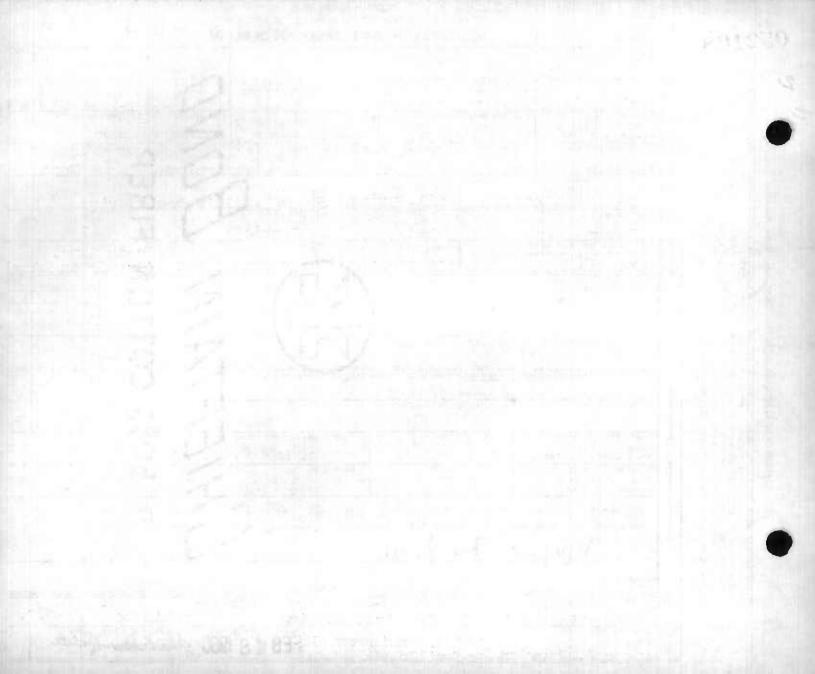
IMPORTANT: If Item 21 is marked or Item 18 shows any



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064041	1-	STATE REGISTRAR		DEPART	MENT OF HEALTH CERTIFICAT	I AND MENTAL H E OF DEATH	YGIENE 8	6	) 5 0	, 3 0
	100	EASED NAME FIRST		MIDDLE	LAST		20 DATE O	REG. NO.	DAY YEAR	R Zb HOUR
4 31 10		Doro	thry	R.	LAM	NOZI	3	2/27/	186	8:05 Au
1000	3.56	Female	Cauca	sian	Sept.	5°, 19°0°0	6. AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER 1 YE MONTHS DA	
11662	Mr.	THPLACE (STATE OF FOREIGN OUNTRY)		what country?	8	NEVER MARRIED !	Man	tgomery	INTY OF DEATH	
1190	Ro	ty or town of DEATH CKVille	Potom	HOSPITAL, NURSIN CHEACHLITY GIVE SIREET IAC VA11	NG HOME OR OTH		TYPE OF WO	OCCUPATION RK FOR MOST OF WORK!	NG LIFE) JNDUSTI	of Business or Senate
33	13M			ROCKV	163	NSIDE CITY LIMITS	130 STREET 5901	ADDRESS / ZIP C	ODE	
11/6/	14 FA	Daniel	MP .	Reardon	ı	Bertha	AME	MIGDLE G.	Gran	
TV	16a V	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECT		ames W.	Lawson	address Same	as ite	em 13
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause pe SED BY. ATE CAUSE (o)	Plane for the control	cemia			, ,	307wg	3 days
but the death or by the attending any remove certain of complian or a other traumatic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last	) (b)_	DR AS A CONSEQU	ery ()	rect	On/	edon	. 2	whs.
them signed mir. Then pla price to buris	CATION	PARTY OTHER SIGNIFICAN GENERAL SEA IN DIATE OF OPER MON	aire	W SCLLS	360 (1	ELATED TO THE TE	ente 20x AUT	OPSYR INNI	YES, WERE FINGER THY ING CAUS	UCL DINGS (SED
Class, The S. physicon. officials had been all the control of the	AL CERTIFICATION	YIS SCURENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF IN CHINES SCURE WEDGE EXAM	HOUR A	DE INJURY M. MONTH D	AY YEAR	HOW INJURY OCC	YES [] URRED (ENTER N	NOXX	YES []	NO []
Density of the Control of the Contro	MEDICAL	214 BAJURY OCCURRED	71e PLACE	OF INJURY	210.0	OCATION	Sedi	CITY DI TOWN	count	statt
santot er CTOR: At No: use o at Health		77s.1 certify that (It (this has sow the decidated alive onbove, (J. (we) (did) (did	1 1 1	0/0/20	and that	in imy) is 10 pink	an death accurr	edon the date and	hour and from t	that (1) (1) fast the circses stated
PALOR DIRECTOR DIRECTOR DIRECTOR DESCRIPTION DESCRIPTI		Heury.	Leru	gopu	DEGRE	ATTENDING PHYSICIAN		STAFF	2 2	137 86
O HOSPI TO FUNE Howld be The S		HYSICIAN PHAME THE	yar ha	Sether	ge/hol	08/4	HENL	e4 C.	Serv	1665 AV
BP	1	URIAL, CREMATION, REMOVA	3,19		lvary C	emetery	CIT	t. Loui	s Miss	souri
DHMH - 16 60M 7/84 (VRA 15, 4)	PA	NERAL DIRECTOR ROBE 7557 Wisco	RT A. P nsin Av	rumphrey re. Beth	FUNERA esda,MD	L HOMES	MAR 3	registrar 256. Rec	SISTRAR'S SIGN	NATURE MANUEL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 064082 REG. NO ECEASED NAME 20. DATE KNOWN THOSE OR PRINT DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD M. BIIITHPLACE MARRIED NEVER MARRIED Maruland WIDOWED . DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Utilities Specialist Dr. STATE 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Raumond ucille Lawson McLean 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) WWI1 yes 578-20-9226 Same as 13 Bettu Jane Lawson Wike 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -NO 21g EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) SIREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALLIMORE, MARYLAN death resulted from. Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SWINATUR EXAMINER'S NAME (TYPE OR PRINT) Tahn Seminary **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Silver Francis J. Collins, Jr. 130. DATE REC'D. BY REGISTRAR Spring Montgomery Md. 07/84 25M **DHMH** - 17 (VR A15 ME (5)) 500 University Blvd. W. Silver Spring. Md

			E OF MARYLAND		d Pag
	1 - STATE		EALTH AND MENTAL HYGIEN	6 il 3 O	4 0
053108	REGISTRAR	MEDICAL EXAMINE	R'S CERTIFICATE OF BEA	KEG. NO.	
0.0700	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST		DAY YEAR 2b. HOUR
- SS S S -	MARION	Τ .	EE	DEATH MATED 2-11-	-86.
EESSARY, PEASE FERST DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS.	3. SEX 4 RACE 5 0	DATE OF BIRTH 6 AGE (IN YEAR	S IF UNDER 1 YR. TIE UNDER 24 HRS		DAY YEAR 2d HOUR
J. P. L. P. L. S. T. S.		SONTH DAY YEAR LAST BIRTHDAY	MONTHS DAYS HOURS MIN	PRONOUNCED	
RALDIN Z	Female Black	Dec 11, 1895 90°		DEAD 2-11-	
A SEESS	TO BIRTHPLACE (STATE OR The FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
SAN	Maryland III CITY OR TOWN OF DEATH II.	U.S.S.	WIDOWED DIVORCED	Montgomery Count	Y MD.
N HARBER	ID. CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		AL OCCUPATION (TYPE OF WORK 12)	D. KIND OF BUSINESS OR INDUSTRY
LAY IS I	Takoma Park			OST OF WORKING LIFE)	
ANY DELA AND 3 TO RETAIN PHOULD BE RECORDS.	IJSUAL RESIDENCE (IF IN NURSING HOME OR OTI	Washington Adventis HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	BL HOSPITAL   UII	employed	None
8 39E38	STATE 136 COUNTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS? 13e. STRE		10903
2 238377	Md Mon	tg.   Sil.Spri		510 Paula Dri	ve
M H-MON-H	14 FATHER'S NAME	DDLE LAST	15. MOTHER'S MAIDEN NAME	MIDDLE	LAST
# 255	Peter	Lee	Carrie		?
\$ 15280Z	160 WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	Camo
7 50 1	No.	218-50-5	776 Mrs Yvonne		-Daughter)
1 40 36	18 CAUSE OF DEATH (Enter only or	ne cause per line for (a) (b) and (c)	70 TILD - VOIME	Traditio (G) and	APPROXIMATE INTERVAL
15 O	PART I DEATH WAS CAUSED BY			AND THE PERSON NAMED IN	BETWEEN ONSET AND DEATH
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	7 91 04 IMMEDIATE C.	AUSE (o) Drowning  / DUE TO, OR AS A CONSEQUENCE O			
S ZZ VZZ	Conditions, if ony, which	bot to, an non constant to			
A PARENTAL STATE OF THE PARENTAL STATE OF TH	gave rise to immediate couse (a) stating the under-	(b)			
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2 5 2 2 2		(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON S CERTIFICATE SHOULD BE EXECUTED WITHIN 2A RITING THE WORD "PENDING" IN PENCIL IN 11E ROED TO THE CHIEF MEDICAL EXAMINER ALCO RE 3 SHOULD BE USED AS A BURIAL. TRANSIT PER E DEPARTMENT OF HEALTH AND MENTAL HYGEB OI PRIOR TO BURIAL, CREMATION, OR REMED		RIBUTING TO OFATH BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PART 1 101	Paul - 4534	
AAS A S A S A S A S A S A S A S A S A S	arteriosclerotic  190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS  UNDERLYING SOR CONTRIBUTING CAUSE OF DEAT  211. INJURY OCCURRED  WHILE NOT WHILE S	cardovascular dise	ease		
A FE ST A	S 190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		CHEST ONLY)
58220gg	<u> </u>				YES X NO
N HE SEN	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	214 HOW INJURY OCCURRED LENTER N	ATURE OF INJURY IN ITEM 18 PART 1 OR PART 2	
A SILVER SE	UNDERLYING TO CAUSE OF DEAT	TH ?? S.M. MONTH DAY YEAR 2-11-86	subject left in l	pathtub	
SHA SHIP	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME.	211 LOCATION	3441548	
S S S S S S S S S S S S S S S S S S S		STREET, FACTORY, FARM, ETC.)	1510 Paula Lane	Suilver Spring	STATE MA
DIVISION OF VITAL R. EXAMINER: THIS CERTIFICATE SHOULD ECERTIFICATE, WRITING THE WORD." FOULD BE FORWARDED TO THE CHIE!" I, DIRECTOR, PAGE 3 SHOULD BE USED 4, WITH THE STATE DEPARTMENT OF HE MARYLAND, 21201 PRIOR TO BURLAL,	AT WORK			- Daliver oping	),rice.
SE SE SE	22a I certify that I taak charge af	the remains described dCHESTan ON	Mary Nosy X Inspection .	Inquiry , and in my opini	ion
WE WITH S	death resulted from: Natural co	ouses . Accident . Suic	de . Hamicide . Undete	rmined manner ,	
EXAM CERTI WITH WARY	NI.	- 0 W	TITLE (SPECIFY)		
A H D A F I'V	SIGNATURE MALL	to me grell	M.DAssistant_MEDI	CALEXAMINER DATE SIGNED	2-12-86
DEAN SET	1				2 12 00
MEDI ECUTE FUN TIMO	(TYPE OR PRINT)	Margarita A. Korell	M. Doress 111	Penn Street	
TO MEDICAL EXECUTE THE COPAGE A SHOULD A FIRE DEATH, NO BALTIMORE, M.	230 BURIAL, CREMATION, REMOVAL 236 D		TERY OR CREMATORY 1234 LO	CATION	
07/84 BP	Cremation 2	2-14-86 Lee Cr	eamatorium	Washington,	
25M	24 FUNERAL DIRECTOR		I25a. DATE REC'D. BY	REGISTRAR 156 REGISTRAR'S SIG	
DHMH - 17 (VR A15 ME (5))	NAME	^0246 N.Washir	gton Strra 4 0	2016 Suha Bairdon	dontalle
(44 (13 (44 (3))	George R. Snow	den Rockville, N	1d 12 0 -	0	1



## 058107

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR				CEKIII	ICATE OF DEATH	REG.	NO.		
	CEASED NAME	FIRST		MIODLE	ı	AST	20 DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
LIVE	PE OR PRINT!	arry		D.	Le	eds	February	20, 1	986	11:15 pm
3"SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male		Caucas	ian	May	5, 1896 YEAR	89	YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
I]	linois		United :	States	WIDOWE		Montgomer	y Cou	nty	MD.
1	lver Sprin		(IF NOT IN SUC	HOSPITAL, NURSIN THEACHTY, GIVE STREET A COSS HOSP	OORESSI	DR OTHER INSTITUTION	120 USUAL OCCUPATIVE OF WORK FOR SE		d Farmi	f BUSINESS OR
13a	ALRESIDENCE (IF NURS STATE Linois	Shel	OTHER INSTITUTION	GIVE RESIDENCE BEFORE  OUT OF TOWN  Windsor		134 INSIDE CITY LIMITS?	RE I, WIT			61951
19 E	Frank		WIDDLE	Leeds		13 MOTHER'S MAIDEN NAM	ME		Legg	itt
160	WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADI	DRESS406	5 Adams	Drive
	(YE NO OR UNKNOWN)	(IF AF NO.)	AWAR OR DATES!	343-32-4	569	Harold Leeds	, Silver	Sprin	ng, Mary	land
100	Canditions, if any, gove rise to immediate (a), stating underlying cause	mediate ig the	(b)_	R AS A CONSEQUE						
NO	PART 2 OTHER SIGN	NIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION G	GIVEN IN PART 110	
CERTIFICATION	190 DATE OF OPERA	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	YES, WERE FINDIN TIFYING CAUSES YES [	
10.00	21g ACCIDENT WAS UNI	CAUSE OF DEA	alte.	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IT	JURY IN ITEM I	8 PART ( OR PART 2)	
MEDICAL	21d INJURY OCCUR	OLF []	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC )	211. LOCATION STREET	CITY OR	NOON	COUNTY	STATE
	22a.1 certify that (1) saw the decease above, (1) (we) 22b. SIGNATURE			_		, 19 10 d that in (my) (aur) apinian c	death occurred an the	date and he		
	Kiro	ul t	1/6/	6	1		MEDICAL S	TAFF SICIAN	12/1	1186
	RICANI	AME (TYPE O	H PO	LEN	IND	120 ADDRESS	ecetient 1	A K	Euswa	or ma

231 NAME OF CEMETERY OR CREMATORY
Windsor Cemetery

DHMH - 16 60M 7/B4 (VRA 15, 4)

14 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES, P.A. 7557 Wisconsin Avenue, Bethesda, Maryland

23b DATE 1986 February 25

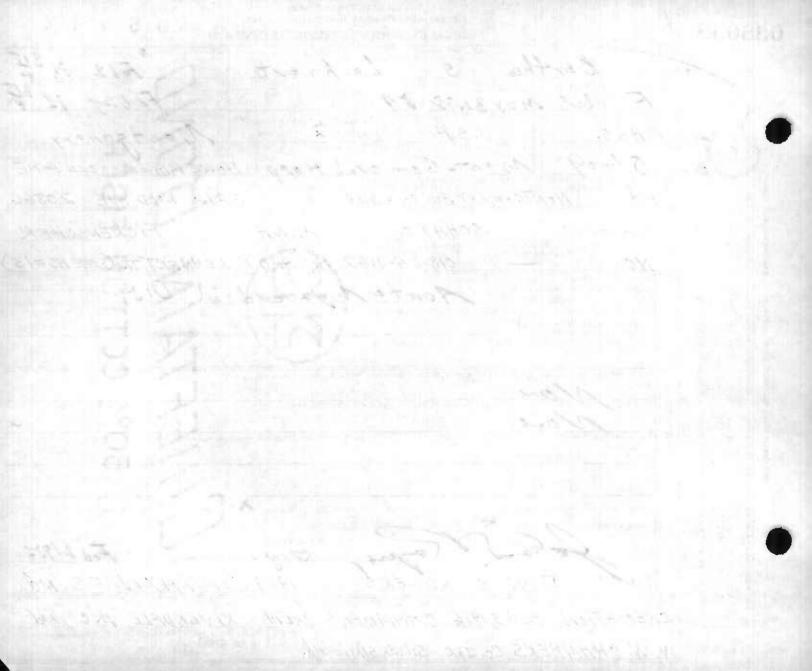
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

234 LOCATION Windsor

Illinois

She1by Shorty

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 038088 - STATE REGISTRAR REG. NO DECEMBER NAME 20 DATE KNOWN PE CHEPRINE OF ESTI-AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED & DIVORCED omery O. CITY OR TOWN OF DEATH OR INDUSTRY HOME MAKER OWN HOME 13e. STREET ADDRESS 3d. INSIDE CITY LIMITS? 3212 1. FATHER'S NAME 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Conditions, if any, which gave rise to immediate (b) cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a) CERTIFICATION OF HEALT 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY STATE AT WORK AT WORK Inspection 220. I certify that I took charge of the remains described above, held on Autopsy and in my apinion death resulted from: Morurol couses Accident Hamicide L Undetermined monner TO FUNERAL DIRECTER DEATH, WITH BALTIMORE, MARYL TITLE (SPECIFY) SIGNATURE 23c. NAME OF 23d. LOCATION BP 25M **DHMH - 17** (VR A15 ME (5))



STATE OF MARYLAND

The BIRTHPLACE ISLAND CHOCKEN BY LAND BEATH PENNSY LVANTA USA    The BIRTHPLACE ISLAND CHOCKEN   The CHILD ON THE COUNTRY   THE COUNTY OF DEATH PENNSY LVANTA   THE CHILD ON T	044.04.0	FOR		E OF MARYLAND	ENE 13 & D	5 5 4 4
Deceased Name   Test	3/1210				0 0	3 0
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MONTGOMERY  HEBREW HOME OF GREATER WASHINGTON  WOULD BE SIDENCE IF PURSON ON OR PERSONNEL SECRET ADMISSION  MARYLAND  MONTGOMERY  MARYLAND  MONTGOMERY  MONTGOMERY  MONTGOMERY  MONTGOMERY  MARYLAND  MONTGOMERY	leath rain 72 hour na 72 hour		MARRIEI		BALTIMORE CITY OF COUNTY MONTGOMERY COUNTY	OF DEATH
THE PROPERTY AND STATE OF PART		MONTGOMERY	HEBREW HOME OF GREAT		126 USUAL OCCUPATION (TRECEPTE ON STAINGLE	BEAUTY PARLOR
ADOLPHIST  MODIE  GOODMAN  ESTHER  MODIE  GREENBERG  GREENBERG  GREENBERG  GREENBERG  ADDR 23 GREGORIO DRIV  18 WAS DECEASED EVER IN U.S. ARMED FORCES?  NOTE: MODIE WAS ONE WAS ON DATE:  NOTE: MANUAL PROPERTY OF WAS ONE WAS ON DATE:  NOTE: MODIE WAS ONE WAS ONE WAS ON DATE:  NOTE: MODIE WAS ONE WAS ON	be in	MARYLAND 13 MONT	ITY III CITY OF TOWN	YES NO		PIKE 20852
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	TO HOSPITAL retoined by t TO FUNERAL should be det with the Stote IMPORTANT.				NTROSE K	D PACULIA
236 BURLAL CREMATION, REMOVAL 236 DATE 1236 NAME OF CEMETERY OR CREMATORY 236 LOCATION BURLAL CREMATION, REMOVAL 236 DATE 17/24/1986 KTNG DAVID MEMORIAL CARDENT OF 128 CHURCH UT DCT	of the state of th	238 BURIAL CREMATION, REMOVAL BURIAL	236 DAJE 4/1986 KING DAL	EMETERY OR CREMATORY VID MEMORIAL G		URCH. VIRGINIA
DHMH-10-60M 7/84 (VRA 15, 4)  DHMH-10-60M 7/84	THE THE RESERVE		EBREW MEMORIAL FUNERA	L HOME 154 DATE	REC'D. BY REGISTRAR 256. REGIST	

STATE OF MARYLAND

JETT 35 - 1135 M - 85-10

250000	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	5 6 4 6
52298		CEASED NAME FIRST SANAL	MIDDLE	200e	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
e 4 may	J. SE		1 RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 03 15 07	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
oth. Pog			76. CITIZEN OF WHAT COUNTRY		A BALTIMORE CITY OR COUNT	TY OF DEATH
ofter de		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING	26. KIND OF BUSINESS OR INDUSTRY
24 hours	<i>I</i> SU			RE ADMISSION) VN 13d, INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	ns Aug 120
Pa Pa	14. F.A	THER'S NAME LUCIEN	MIDDLE LAST LOVE	15 MOTHER'S MAIDEN N	A company	HOPKINS
n ond so		VAS DECEASED EVER IN U.S. AR (IF YES. GIV	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES)	- H. 14 N	. 1029 to Hamlin	vare-PK Ridgerl
rificate b physicia angapers emoval.		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), a ED BY: TE CAUSE (a)	0-		APPROXIMATE INTERVAL BETWEEN ONSE VAND DEATH
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equires the signed I mem. Then plear in burial in the signed I mem. Then plear injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF	nal failure,	DEATH BUT NOT RELATED TO THE TER  Chalena domenter  HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	FIVEN IN PART 110  ELL CUSEUSE  VES. WERE FINDINGS USED  TIFYING CAUSES OF DEATH?  YES. NO N
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Mo Perr	MEDI	21d. INJURY OCCURRED  WHILE ONT WHILE OF THE	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
expital o ECOOR, yed for use pt of Heal		sing the the standalise on	ital) ottended the deceased fram.  1	, and that in (my) (aur) apiniar	n death accurred on the date and h	. 19 00 , that (J) (we) last aur and fram the causes stated
Spiral of a building of a be fitted by the fitted by the best fabrical of the best fabrical o		22d. PHYSIC IN SNAME (TYPE OF	Shoren 19		MEDICAL STAFF DIRECTOR PHYSICIAN	12/10/86
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STATE OF MARYLAND

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(VRA 15, 4)

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

19 Feb 86 Shaarey Tefiloh Cemetery Burial 24 FUNERAL DIRECTOR Capitol Funeral Service, Falls Church, VA

Perth Amboy, NJ 28 1986 PAR 256. REGISTRAR'S SIGNATURE

26 HOUR

126 KIND OF BUSINESS OR

T.aw

(Unknown)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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INDUSTRY

YES [

COUNTY

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 052928 REG. NO CEASED NAME 20 DATE KNOWN DE THE OWNERS. OF ESTI-A. AGE (IN YEARS DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY NEVER MARRIED WIDOWED X DIVORCED Pennsulvania mode II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Secretary NIH USUAL RESIDENCE (IF IN NUKSING HOAE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS & FATHER'S NAME MIDDLE MIDDLE Dailey Catherine McGowan John 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 201-01-4346 Daughter Same as 13 Charlene S. Whittaker Na 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lo CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO NO 2Th. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY (ATHOME, 21f LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an and in my apinian TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALLIMORE, MARYLAN Natural causes death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME John S. Rogers, M.D. 1919 Seminary Road Silver Spring, Md. ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Francis J. Collins, Jr. Arlington Virginia BP 07/84 25M 25a. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 500 University Blvd. W. Silver Spring. Md

STATE OF MARYLAND

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DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

REGISTRAR

- STATE

HARRY LUDWIN 21 PEBBLE RIDGE CT. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) COUNTY STATE (my) Jour) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY STATE FÄIRVIEW, N.J. BURTAL 2/4/86 MIT. MORIAH CEM FUNERAL DIRECTOR SOL LEVINSON & BROS.
6010 REISTERSTOWN RD. BALTIMORE, MD. (21215) 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

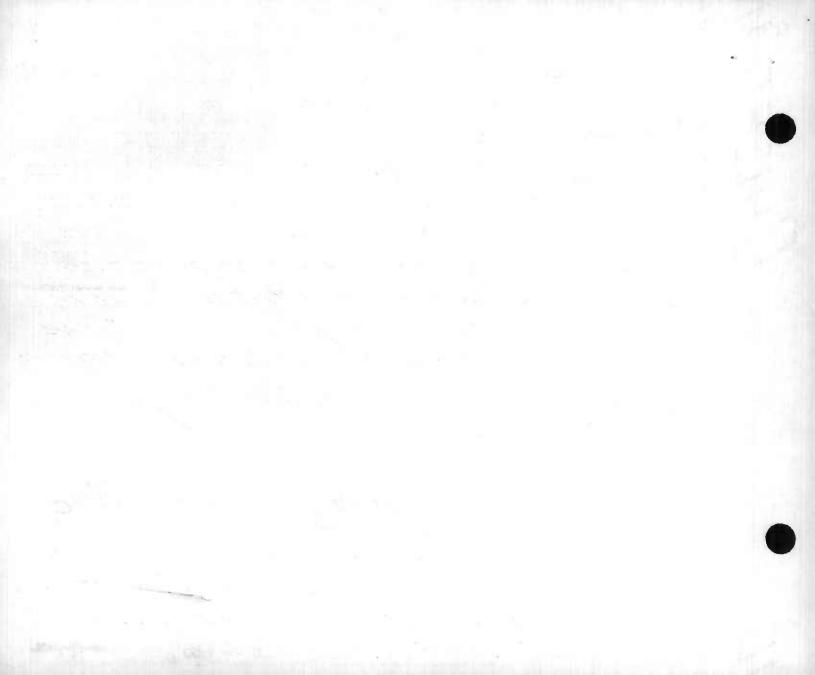
126. KIND OF BUSINESS OR

HARRIS

HOME MAKER

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INDUSTRY



		STATE REGISTRAR			CERTIFICATE OF DEATH	REG. NO	0 3 0 3 0
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م م	3 SEX	EMALE	4 RACE	TP:P	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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		STATE 13b CO	UNTY	13c. CITY OR TOV	neral Hospital READMISSION   VN   13d INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CC 3501 FOREST EI	ODE DOTAGE
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11/150	4 FA	EDWARD	WIDDLE	CRIPPEI	n mingon	MIDDLE	DeBoLT
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		NO		-066-09	1473 GEORGE Q.	LUMSDEN, HUSBAND,	
111年		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause p	per line far iai, ib., ai	nd ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			IATE CAUSE (a)	cardin	cnespiratory a	nnest	minhtes
th the		gave rise to immediate cause (a), stating the	DUE TO,	OR AS A CONSEOU	JENCE OF		
r taw requires that the control of the control of the please reprint Then please reprint a buriol, cremit injury, or other	FICATION	cause (a), stating the underlying cause last.	t CONDITIONS, Enal f	silute s	DEATH BUT NOT RELATED TO THE TEL  CONCLUSION OF THE PROPERTY O	STRUCTURE PULLMENA 200 AUTOPSY? 206. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
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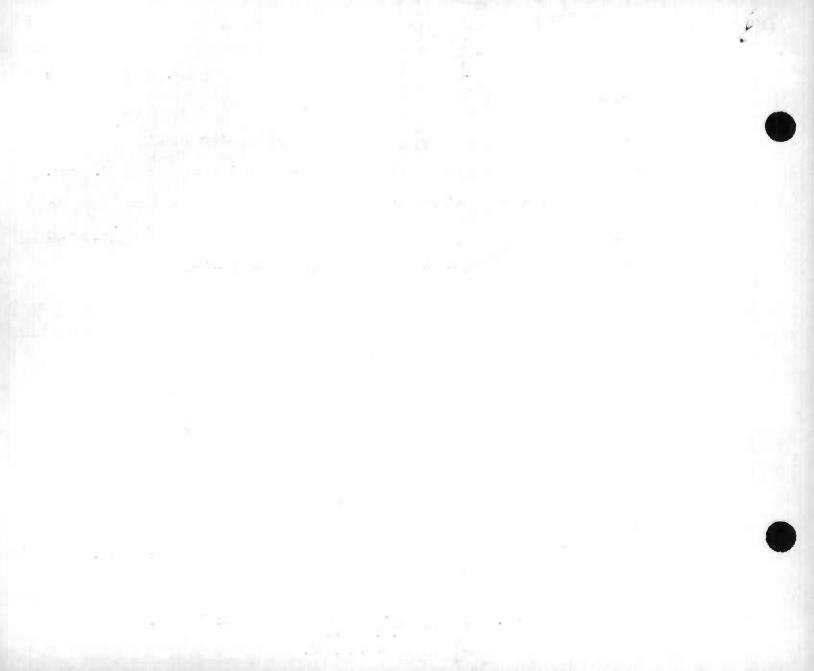
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STATE OF MARYLAND

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4 00	3. SE	Male		4 RACE Whit	te	5. DATE OF	BIRTH DAY	1895	6. AGE (IN Y	EARS LAST BIRTHDAY)	MONTH RS.	DER I YEAR	# UNDER 24 HRS HOURS MIN.
death. Page funeral direc thrown hours	(	RTHPLACE ISTATE OR FO COUNTRY) 1inois	REIGN	75. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED		AARRIED	* BALTIMORE CITY <u>OR</u> COUNTY OF DEATH  Montgomery M				
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24 hours	USU:	AL RESIDENCE (# NURSIN	36 COU	OTHER INSTITUTION		ADMISSION)	d INSIDE C		13 a STREET A	ADDRESS / ZIP (	CODE		20903
mpletely ond 2	_	THER'S NAME FIRST		WIDDLE	Lutz		MOTHER'S	S MAIDEN NAM		WIDDLE		(unkn	
Table Col		VAS DECEASED EVER II YES, NO OR UNKNOWN) N/A		E WAR OR DATES)	370-10-6		INFORMA	NT	-wife-	ADDRESS (same as			- Carlo
(*)		18 CAUSE OF DEATH PART I. DEATH WA		nly ane cause pe ED BY: TE CAUSE (a)	r line for (a), (b), or	diD A	onar	Ł A.	nert		-		MATE INTERVAL DINSET AND DEATH
the deoting the attentement on, er froumalie.		Canditions, if any, gave rise to imme cause (a), stating	ediote	(b)_	BILOTTE	ral	Brow	rehut-	new	nei			
ed by please priol, cr		underlying cause  PART 2 QTHER SIGN	last.	(6)_	R AS A CONSEQUE	myh	CION	24 TO THE TERM	INAL DISEASI	E OR CONDITION	N GIVEN IN	PART lia	11
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OR ATTE OR ATTE DIRECTO Doched for Dopt of them 21		saw the deceased above, (I) (we) (di 27b. SIGNATURE	d) (did no	it) view the bady	after death.		GREE			d on the date and		from the c	200
HOSPITAL bined by th FUNERAL sold be deto th the State		224. PHYSICIAN S WA	ME (TYPE C	OR PRINT)	JAID	1	2e. ADDRES	PHYSICIAN [ s	1.	STAFF  PHYSICIAN D  MOSAL	1	eb. 2	1, 1986
PP	23a. E	SURIAL, CREMATION, R	EMOVAL		22. 1986	Lee's (	remat		23d. LOCA		COU	INTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24, 11	JNERAL DIRECTOR LES/Rinaldi			11800	N.H. A	ve.,	25a. DATE		1986		SIGNATI	JRE MAN



051192				STATE OF MARTLAND		50 EN
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1 10	3.56	<u>Eliza</u>	1 RACE	Madison S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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8 82	Ja. B	RTHPLACE INTERESTANCE	7b. CITIZEN OF WHAT COUN	TRY? 8 February 7, 191	- 19 BAITIMORE CITY OF COUNTY	Y OF DEATH
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1	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
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9 00 4	N			3-6043 Neil Madis	on Gaithersbur	a. Md. 20879
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OR OF THE		sow the deceased alive o	pital) attended the deceased from 2/1/86		on death occurred on the date and hou	19, that (I) (we) last
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TO HOSPITAL retoined by the TO FUNERAL should be determined with the State IMPORTANT. It	220	BURIAL, CREMATION, REMOVA				
BP		(SPECIFY)		231 NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
	24 F	nemation UNERAL DIRECTOR Et aug.	is J. Collins	Metropolitan Crema	tory Alexandria. DATE REC'D. BY REGISTRAN 216 BEGIST	Virginia
DHMH - 16 60M 7/84 (VRA 15, 4)			es J. Collins,	Cohing Md	ED 18 1088	CHESON-KENDERL
(VRA 13, 4)	1211	U UNITUDIALI B	XVIII. W. SIXVIOI	L SULLING MG.	HH I O IMMO J	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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	FOR	STATE OF MAI DEPARTMENT OF HEALTH A		0 5 / 5 7
065073	- STATE REGISTRAR	CERTIFICATE C	OF DEATH & O	U 5 5 3 3
ge 3 eeth	1. DECEASED NAME (TYPE OR PRINT)	onya GENYA MACHES	2a DATE OF DEATI	A MONTH DAY YEAR 26 HOUR 3 PM
I mo)	1 SEX Female	CACC S. DATE OF BIRTH	AY YEAR 99 4 8	
1 22 97	70 BIRTHPLACE (STATE OR FOREIGN Latvia	USA  **MARRIED   NEW WIDOWED	D BALTIMODE CIT	Y OR COUNTY OF DEATH OMERY
1770	10 CITY OR TOWN OF DEATH  Bethesda	( SENOT IN SUCH EACH TO VOICE STORET ADDRESS)		PATION 126 KIND OF BUSINESS OR INDUSTRY U.S. GOVT.
(1)	JAL RESIDENCE (IF NU )		DE CITY LIMITS? 13. STREET ADDRE	SS / ZIP CODE 20015 Connecticut Ave.NW
11/10/	I FATHER'S NAME Israel	Machelson 15 MOTH	HER'S MAIDEN NAME  GENYA  MIDDI	Gurevich
Poper Co	160 WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	wasiili	ngton, D.C. 20016 h; 4472 Upton St N.
Tricca phy on post		nly ane cause per line for iat, (b), and ich.  ED BY: TE CAUSE (a) Cardiac Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  5 MINU CY
NG PHYSICIAN. The low requires that the death certificate be extracted.  NG PHYSICIAN. The low requires that the death certificate be extracted.  Note this certificate has been signed by the ottending physician and compact that this certificate has been signed by the ottending physician and compact that the ord Memol Hygene prior to buriol, cremation, or removal and Memol Hygene prior to buriol, cremation, or removal and shows any injury, or other troumatic event, the medical experience or the control of the co		gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF		
At RECORDS The low requirements from the low requirements from the low requirements from the low sony injury injur	190 DATE OF OPERATION  2-12-86  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PE	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES  NO
HYSICIAN: Tinding physicing physicin	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 218 INJURY OCCURRED	ATH HOUR A.M. MONTH DAY YEAR  P.M. 19  216 PLACE OF INJURY 211 LOC	ATION	INJURY IN ITEM 18 PART 1 OR PART ?)  OR TOWN COUNTY STATE
CITENDING F spitol or otter CIOR. After the for use os the of Healthon	WHILE AT WORK AT WORK  270 I certify that (i) (this haspital) attended the deceased from 212 , 19 86 to 2115 , 19 86 , that (ii) we) lost saw the deceased glive an above (ii) (we) (did)			
MALOR Asy the hosy the hosy carbonal detached state Dept.				STAFF 2 1 01
HOSPITA Library by 10 FUNER Provid be d th the Sta	RAYMON	DO BASS 3	929 Ferrana A	wheaton Ma. 20906
199899	23a. BURIAL, CREMATION, REMOVAL	2-17-1986 Lee's Cre	ematory Wash:	ingtonm D.C.
DHMH - 16 50M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR  NAME  Danzansky-Goldbe	Rockville, Marylrg Chapels: 1170 Rockville	and Pik DAJE REC'D BY REGISTE	RAR 25b. REGISTRAR'S SIGNATURE

AND THE REPORT OF STATE OF STA

					STA	TE OF MARYLAND		
00	11155		FOR STATE		DEPARTMENT OF	HEALTH AND MENTAL	HYGIENE (	5 6 5 4
0	72.200		REGISTRAR	ME	<b>DICAL EXAMIN</b>	<b>ER'S CERTIFICATE</b>	OF DEATH REG. NO.	2021
		1. DE		SAMUEL ,	MIDDLE H.	IASMAGZANIA		MONTH DAY YEAR 126 HOLER
	An An	{TYI	PE OR PRINT)	AMOEL	11 /11	1	OF ESTI-	1 01810
	28938	1 100	12.m	71-0-1	H. /16	2078112	h	1900 D N
	五四元古民	3. SE	4 RACE	S DATE OF BIRTH		AT DER TYR. IF UND	ER 24 HRS 20 DATE  MIN PRONOUNCED	MONTH DAY YEAR THE THE
	Y N S S S S S S S S S S S S S S S S S S		M Who	c 1011/12		es.	DEAD Le	-4 / 1982 TM
-	がまた 単語 コー		RIMPLACE INTATE OR		AT COUNTRY?	B	9 BALTIMORE CITY OR	COUNTY OF DEATH
	别是这是是!		ENTAC MICA DAC	TT TTO		MARRIED NEVER MAI		4
	25003 +	L D	ETIAS, MUSA DAG	H USA	SERVINAL ANURCINIC HOUSE	OR OTHER INSTITUTION		MD MANUEL
	SHOW CONTRACTOR	1	O JOHN OF DEATH		ACILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUTION	FOR MOST OF WORKING LIFE)	WORK 176 KIND OF BUSINESS OR INDUSTRY FARMING
	3000		Ulney	mon	1.6cm	evel Hoss	FARMER	FARMING
-	2268	JASUI.	TATE / URSING HOA		13c CITY OR TOWN		. In STREET ADDRESS	20832
120	表言語を設定と	130	and in	ONIT	O/n ev	YES NOT	13e STREET ADDRESS	bos Ave.
9	-	14.6	ATHER'S NAME	(Jul)	1 1109	15. MOTHER'S MAI	DEN NAME	la TT
2	H-1897	0	1901	WIDDIE	LAST	FIRST	WIDDLE	LAST
28	30× 10	K	HAGOP		MAGZANIAN	ANN		SHERBETJIAN
- 1	SESSEE !	168.	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECURITY	NO. IT INFORMANT	ADDRESS	
A.	A N T S S S		NO		146-24-351	15 ALBERTA	MAGZANIAN SAME	AS # 13
	N N N N N N N N N N N N N N N N N N N		18 CAUSE OF DEATH (Enter	anly ane cause per lin				APPROXIMATE INTERVAL
15	OF SEA		PART I DEATH WAS CAU	ISED BY:	Acu	te harve.	and sal his	BETWEEN ONSET AND DEATH
ő	XEGESX XEGES	1	IMMED	DIATE CAUSE (a)	R AS A CONSEQUENCE		200 10 111	1
10	NA A PA		Canditians, if any, whi		K AS A CONSEGUENCE (	Dr.		
- 2	自己與多名是	100	gave rise to immedia	ate (b)				
*	243-20	1	lying cause last.	DUE TO, OI	R AS A CONSEQUENCE O	OF .		
28	BASES N	H.	Tyling coose lost.	(c)				
8	APER SE	10	PART 2 OTHER SIGNIFICANT CONDITIE	, , , , , , , , , , , , , , , , , , , ,	N BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN	PART Line:	
ő	BENEFA THE	Z	1/100	e)				
SEC	SAME -	1 8	19a. DATE OF OPERATION	TIME COND	UTION FOR WHICH OPER	ATION WAS PERFORMED?		In
7	SCETTED OF	15	A /	178 COND	IIIOI4 FOR WHICH OPER	ATION WAS PERFORMED!		20 AUTOPSY?
1	**************************************	18	160n	R/				YES NO
40	SANGE HAS	CENT	210 EXTERNAL CAUSE WAS	216. TIME C	OF INJURY M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
×	SE0954 2	3	UNDERLYING OR CONTRIBUTING CAUSE C					
DIVISION OF	THE STATE	MEDIC	214 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	211 LOCATION		
S S	DE SE	E	WHILE AT WORK	STREET, FAC	CTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	TANA A		AT WORK AT WORK					
	A TE S		22a. I certify that I taak cho	arge of the remains de	escribed above, held an	Autopsy , Inspec	non De Inquiry . and	in my apinian
	NEW DES		death resulted fram: No	atural causes	Accident Sui	cide , Hamicide	· Undetermined manner ,	
	SE CHIA		1	00			onderentimes manner	
	203073		ACTUAL C	6 11)	1	TITLE (SPECIFY)		DATE E 1 0 70 Pe
	DICAL TE THE TE THE A SHO NERAL MORE,	1	SKINATURE		10 Jens	M.D	MEDICAL EXAMINER	SIGNED
	MEDICAL EXAMINER CUTE THE CERTIFICAT GE 4 SHOULD BE FOR FUNERAL DIRECTOR THE DEATH WITH THE ITIMORE MARYLAND	1	EXAMINERS NAME DI	R. JOHN S.	ROCERS	STL	VER SPRING, ME.	20900
	A STANCTON	1	(TYPE OR PRINT)			ADDRESS		20300
	EDSE49		URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION	COMPATITO A CHAIR
92784	BP	I	BURIAL	FEB.5,198	86   LAYTONS	VILLE	TAYTONSVILLE	MONT. MDATE
250		24 F	UNERAL DIRECTOR		OTTTITE MO	20870 25a. DAT	E REC'D. BY REGISTRAR 256 REGIST	TRAR'S SIGNATURE
	DHMH - 17 (VR A15 ME (5))	F	RANCIS H. BARB	ER LAYFON	SATPLE, MD.	20019	FD 00	D.
	1					-	FR 06 1000	( ) D

Part Not I Want - January 33 the relative and Stray Perna Gameral Harp + 174 29 Mic B. 40 KNOW. Contract of the No to ye and in this 1812/21 Digit. The Part of the Court Share of the Court of

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of 212-11-1955 No. 0, Nata | Tenn 13

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Anna P man P conti

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ч	O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours and death. Postered by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physican and competitive and the third has been a signed by the attending physican and competitive by the third of the control of the contr
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21284	Z	Afte e os
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	ATT	d fo
7	O HOSPITAL OR ATTENDING PHYSICIAN, The I stained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical hould be detached for use as the burnel from it Then piece the purpose the burnel from the piece to the purpose
	AL	AL
	SPIT	ZER S
	Toe	J. P.
	0 %	0 5

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH 26. HOUR  $\partial$ 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED montgomery WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION civil Engineer Railroad USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN THE CITY OF TOWN MONT. 1702 Hampshire Green 13d. INSIDE CITY LIMITS? YES X NO [ 15 MOTHER'S MAIDEN NAME Parise Maley Theresa WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO 17 INFORMANT (# YES, GIVE WAR OR DATES) 5934A Yolanda Maley (Wife) Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per l IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY. IN CERTIFYING CAUSES OF DEATH? NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)

19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH INFEITHER NOTHEY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. NOT WHILE 220.1 certify that (1) (this haspital) affended

(my) (aur) apinian death accurred an the date and hour and from the couses stated

PHYSICIAN

MEDICAL

23c NAME OF CEMETERY OR CREMATORY

Ft.Lincoln

22e ADDRES

Brentwood

DIRECTOR PHYSICIAN [

Md.

COUNTY

STATE

24 FUNERAL DIRECTOR

Bürial

FOR

L DECEASED NAME

REGISTRAR

male

Maryland

4. FATHER'S NAME

Michael

None

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate cause (a), stating the

underlying cause

To. BIRTHPLACE ISTATE OF FOREIGN

I CITY OR TOWN OF DEATH

Anthony

MIDDLE

- STATE

TYPE OR PRINT

037097

11800 New Hamp. Ave.

23b. DATE

2/6/86

25a. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83

CERTIFICATION

ö

morked

PORT

Hines/Rinaldi

23a BURIAL, CREMATION, REMOVAL

S.S. MODDREW

(VRA 15, 4)

### 1 - FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

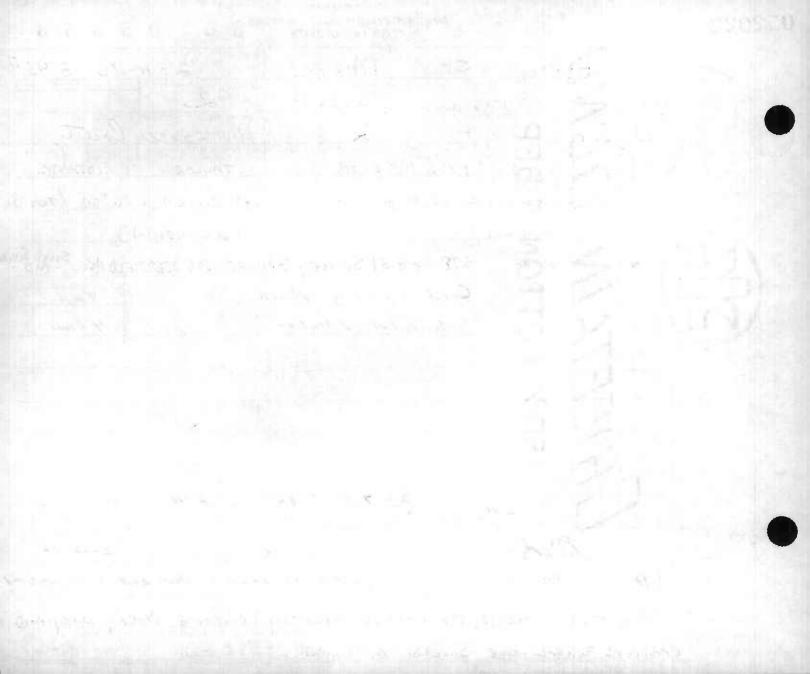
8	6 REG. NO.	0	5	6	5	1
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						REG. NO.		
1. DE	CEASED NAME FIRST		WIOOFE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	25 HOUR
1	ELSIE		F.	MA	PHIS	2/	27/86	220
3 SE	X	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	Caucas	í an	MONT		0.7	MONTHS DAYS	HOURS MIN
70 B	SIRTHPLACE   STATE OR FOREIGN		WHAT COUNTRY?	June	17, 1888	97 YR 9 BALTIMORE CITY OR COU		
	COUNTRY)			MARRIE	D NEVER MARRIED	Montgomery		
	nnsylvania		States	WIDOW				٨
10. C	ITY OR TOWN OF DEATH		CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKIN		OF BUSINESS C
	ethesda		ge Hill N			Homemaker	Own	Home
U5U 13a	JAL RESIDENCE (IF NURSING HOME OF STATE 1136 COL		GIVE RESIDENCE BEFORE			13e.STREET ADDRESS / ZIP CO	ODE	
Ma		gomery	Bethesd		YES NOXX	8808 Chalon Dr		817
4 F	ATHER'S NAME				15. MOTHER'S MAIDEN NAM	ME		
	Thomas	WIDDLE	Forrest	er	Agnes	WIDDIE	Reid	
6a. \	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16h SOCIAL SECU		17 INFORMANT	ADDRESS	Kerd	
	YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			Man Datasi	W G- 1 D	1. 0	
_	NO		215-20-3	121	IMIS. Patricia	a M. Soule, Dau		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per	r line for (a), (b), on	dici			BETWEEN	ONSET AND DEATH
		ATE CAUSE (a)		Ca	ideae an	res/	an	media
		DUE TO, O	R AS A CONSEQUE	NCE OF	. ,		^	
	Conditions, if any, which	( 1)	1) 1	imi	· Heart -1		18	Jike.
	gave rise to immediate	(0)_	- FUYC	271-0				
	cause (a), stating the	DUE TO. O	R AS A CONSEQUE	NCE OF			/	
	underlying cause last.							
	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO I	DE ATH BUT	NOT BELATED TO THE TERM	INAL DISEASE OR CONDITION	CIVEN IN PART I	
Z	Pul	CONDITIONS C	7:1-	DEATH BO	THO RECATED TO THE TERMI	INAL DISEASE OR CONDITION	GIVEIV IN PART II	d
CERTIFICATION	198 DATE OF OPERATION	19h GOND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDI	NGS LISED
FIC				0.5		IN CE	RTIFYING CAUSES	OF DEATH?
E					1-:	YES NO	YES [	NO 🗌
	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110	OF INJURY .M. MONTH DA	AY YEAR	216. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART LOR PART 2)	
S	LIFEITHER NOTIFY MEDICAL EXAMIN		м.	19				
MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	. D 516 )	21f LOCATION	CITY OR TOWN	COUNTY	STATE
2	WHILE NOT WHILE AT WORK	TAT HOME, ST	KEET, PACTORY, OFFICE, P	AKM, ETC.)	Jinee			31112
	22a   certify that (1) (this hosp	oital) attended th	e deceased from		10 60	10 2/27	10 86	that (I) (may lo
	saw the deceased olive o	n_ /- 7	19_	86,0	nd that in (my) (our) apinion d	death accurred an the date and	hour and from the	couses stated
	above (l) (we) (did) (did n	of view the body	after death.		DEGREE		22c DATE	
		D (	12 1	Las	ATTENDING	MEDICAL STAFF	IN DATE	- / S/
	C - U	1- 0	arke		PHYSICIAN -	DIRECTOR   PHYSICIAN	2/2	1/86
	77d. PHYSICIAN'S NAME (TYPE		74.		22e ADDRESS	, )		
	E. P. P	ARKEI	2		2015 R	57 NW - WY	75HDC	. 2000
23a	BURIAL, CREMATION, REMOVA			NAME OF C	CEMETERY OR CREMATORY	23d LOCATION		
	(SPECIFY) Cremation	Februa	ery 28	trono	litan Cremator	CITYORIOWN  Alexandira	Virgini	STATE
		4 A D		C L OPO	TI- 75g DATE	Y Alexandira,	VIII SIGNAL	LIDE
	UNERAL DIRECTOR Rober	L A. Pun	iphrey Fui	neral	Homes,	REC'D. BY REGISTRAR 256 REC	DRINGAON-	fandess.

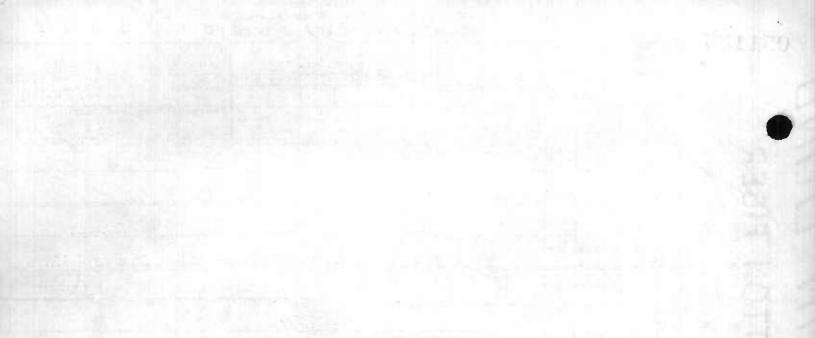
DHMH - 16 60M 7/84 (VRA 15, 4)

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			STATE OF MARYLAND		
1-		DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 0	05658
1 DEC	CEASED NAME FIRST	MIDDLE 5.	Marine		O.  MONTH DAY YEAR 126 HOUR  2 - 11 - 86 3:45
1	Male	Caucas ran	5. DATE OF BIRTH  MONTH  9-22-93	6 AGE (IN YEARS LAST BIR	
	Russia	U.S.A.	MARRIED NEVER MARRIED DIVORCED DIVORCED	Montgo	mekey County m
5	lock Spring	HOU CROSS	HOS pital	(TYPE OF WORK FOR MOST O	DE WORKING LIFE) INDUSTRY
M	ARYLAND MONTO	TY 13c CITY OR TOW	N 13d INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS	A. #
2	FIRST (UNK	NOWN)	FIRST	MIDDLE	JOWN) LAST
	ES, NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES) 578-36	-6657 SHIRLEY GI	PANAT 508	DEPRENELD AVE. SWEEL
			respiratory Arre	est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate couse (a), stating the	(b) Mg0C6	radial Interction		4 hours
NO		ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN PART 1 a
TIFICATI	190 DATE OF OPERATION	19% CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES □ NO▼	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
			Y YEAR 21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART   OR PART 2}
MED	21d INJURY OCCURRED  WHILE ALWORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA		CITY OR IC	
2	saw the deceased alive an abave, (1) (we) (did) (did not	2-11 10 8	/	, 10	, indi (ii (we) las
	226. SIGNATURE	Ke		MEDICAL STA	FF 2-12-86
	Phillip W. Pol	K, M.O.	120 ADDRESS Su. Le 32, 83/	University So	had East, Silver Spring
23a. B	SPEC (FY)	236 DATE 236 N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN PURPLE	P(50) WARLIA
24 FU	NERAL DIRECTOR	Three Suits		E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
	1. SE) 7a BII 10 CT 10 C	TO THE REGISTRAR  1. DECEASED NAME  1. SEX  1.	TO ECCASIONAME  TO ECCASIONAME	DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR  I. DECEASED NAME  I. DECEASED NAME  I. DECEASED NAME  I. DECEASED NAME  I. RACE  S. DATE OF BIRTH  MODIT  I. RACE  S. DATE OF BIRTH  MODIT  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL NURSING HOME OF HO	FOR   STATE   DEPARTMENT OF HEALTH AND MENTAL HYGENE   REGISTRAR



STATE OF MARYLAND



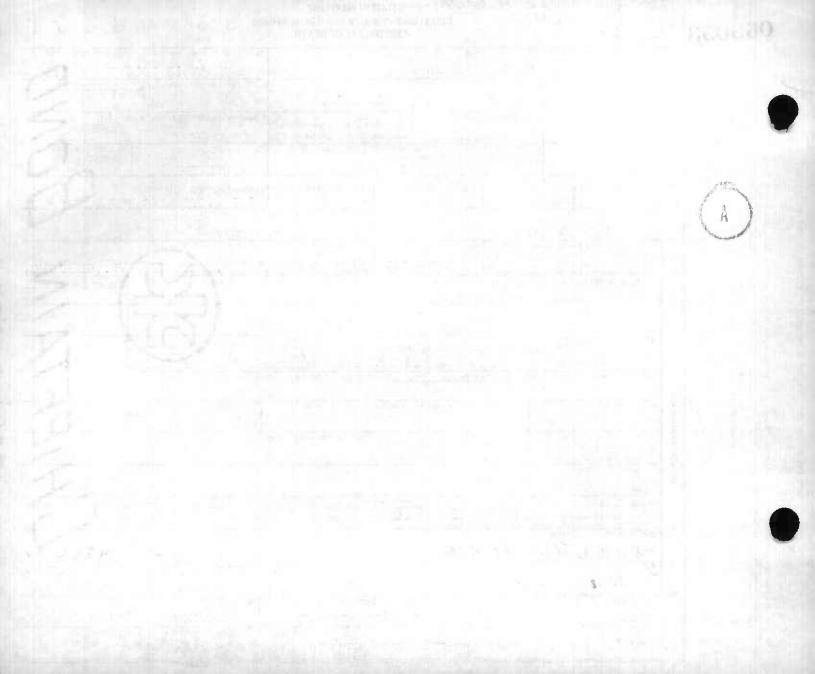
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045138	1-	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6 REG. NO.	5 6 6 0			
3 5 ×		CEASED NAME ROBE	rt Wil	Liard	Mars	hall	<sup>20. DAI</sup> February 5, 1986 <sup>20</sup> 9:50P				
ge 4 may	3 SE	Male	4. RACE Whit	White 03		87 1923	6 AGE (IN YEARS LAST BIRTHDAY)  62  YR:	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			
eoth. Pop	7a BI	RTHPLACE (STATE OR FOREIGN LOUNTRY) York				NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery				
s offer d		ty or town of death  lney	11. NAME OF Mont			R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Teacher	MD.  12b. KIND OF BUSINESS OR INDUSTRY Education			
23. bour	110.5	AL RESIDENCE (IF NURSING HONDITATE 136 CO	ounty Oward	13. CITY OR TOW Clarksv	ille	13d INSIDE CITY LIMITS? YES NO	13. SIREEI ADDRESS / ZIP CO	Drive 21029			
and with	) FA	Robert I	Henry	Marshal	1	15. MOTHER'S MAIDEN N	WIDDLE	Gerwig LAST			
be execu	140	VAS DECEASED EVER IN U.S	. ARMED FORCES? S. GIVE WAR OR DATES)	056/14/6		Ms. Margaret		Thompson Drive ksville,MD 21029			
ng physici bonpoper removol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME	USED BY: DIATE CAUSE (a)	Aspra	i i	preumoni	a, bilateral	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Day			
that the death is by the attending the correction of the remaining of the correction of the traumation.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO,	OR AS A CONSEQUI	na o	panerens	with metastr	ases Months			
en signed or to buri	TION	CVA,	left te	mporo-	pari.	etal	MINAL DISEASE OR CONDITION				
The low cron. he has be sit permit giene prin	CERTIFICATION	19a DATE OF OPERATION			OPERATIO .	N WAS PERFORMED	YES NO   IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO			
'SICIAN: ing physic certificat urial-tran hem 18 i	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEETHER NOTIFY MEDICAL EXAM	FDEATH HOUR A	OF INJURY A.M. MONTH DI P.M.	AY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I ORPART 2]			
ING PHY After this os the b Ith ond A	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	{ATHOME S	OF INJURY TREET, FACTORY, OFFICE F		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
ATTEND ospital o eCTOR.	J.	220.1 certify that (1) this h saw the deceased alive abave, (1) (we) (did) (did 22b. SIGNATURE	on F-1	5 19 5	8 <b>6</b> . or	d that in (my) Our apinial	O to				
by the h by the h ERAL DIR e detoche State Dep		22d PHYSICIAN'S NAME (T	R Ku	mar_	MD	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	Febb, 1986			
TO HOSPITA retoined by TO FUNERA should be de with the Stot	02.0	Joan		Kumar		Montgome		Hospital			
ВР	· '	URIAL, CREMATION, REMO SPECIFY) PUPIAT INERAL DIRECTOR	2-8-8			emetery or crematory am Chapel Cer	n. Clarksville	Howard Maryland			
DHMH - 16 60M 7/84 (VRA 15, 4)		LACK FUNERAL		268 ADDRESS	y, Ma		TE REC Q BY RE GISTON 256 REG	E ESTA SEATING TO LEE			

STATE OF MARYLAND

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5053	1 -	FOR 3/6/86 D STATE REGISTRAR	//~	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	0 5 6 6			
		CEASED NAME FIRST	MID	DLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR				
9 0 e 0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			DINETTE MA	ARSTEN		FEBRUARY 13	1986 1:50			
p b	3. SE.	X	4. RACE		5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS M			
ector is all		FEMALE	CAUCASIAN		MAY 2 1931 ***	54	YRS DAYS HOURS M			
609		RTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	UNITED S		MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO				
1 68 -	-	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	MONTGOMERY 120 USUAL OCCUPATION	12b. KIND OF BUSINESS			
1/		BETHESDA	NA.	VAL HOS	PITAL	HOUSEWIFE	ORKING LIFE) INDUSTRY			
	13a. S	AL RESIDENCE HE NURSING HOME STATE HOLOU RGINIA LOUI	INTY 13	STERLIN	N 13d, INSIDE CITY LIMITS?	136 STREET ADDRESS / ZII	TNG BOULEVARD 2			
N/	) E F/	ATHER'S NAME FIRST  ANTONIO	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	LAST			
1/3/7		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	b SOCIAL SECU	JRITY NO. 17. INFORMANT					
1 1		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	072-24-	9757 JOHN MARSTEN					
0 0 1		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY.  O72-24-9757 JOHN MARSTEN, 101 N. STERLING BLVD. STERLING VA 22170  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY.								
0 000		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) SEPSIS								
0 7 7		DUE TO, OR AS A CONSEQUENCE OF								
0 6			DUE TO, OR A	AS A CONSEQUE	ENCE OF					
ation, a		Conditions, if ony, which	DUE TO, OR A	AS A CONSEQUI						
remation, a Ner traumat		gove rise to immediate couse (a), stating the	(b)		IA	6	. 01.1			
al cramation, a		gove rise to immediate	(b)	PNEUMON	IA	MIA E E	icess Blast			
by, ar other traumat	7	gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR A	PNEUMON AS A CONSEOUR RAEB	IA	EMIAE E	ICESS Blast			
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e prior to bure! crimation, o	ICATION	gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR A	PNEUMON AS A CONSEOU RAEB	IA Refactory And	20e AUTOPSY? 201	ON GIVEN IN PART 110  b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?			
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State Dept. af Heolth and Mental Hygiene INT: If Hern 21 is marked a <u>r</u> Hern 18 shows		gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DITER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21 WORK 2	DUE TO, OR A  (c)  CONDITIONS CON  196 CONDITION  216. TIME OF I HOUR A.M. P.M.  21e PLACE OF (AT HOME STREET  (AT HOME STREET)  (AT HOME STREET  (AT HOME STREET)  (AT HOME STREET)	PNEUMON  AS A CONSEON  RAEB  ITRIBUTING TO-  ON FOR WHICH  INJURY  MONTH D.  INJURY  I. FACTORY, OFFICE F  deceased fram  13	DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION SIREET  JANUARY 19, 19, 86  86. and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	20e AUTOPSY? YES NO	LEM 18 PART 1 OR PART 2)  COUNTY STATE  13, 19 86, that (I) (we) 10 and hour and from the couses stated			
State Dept. of Health and Mental Hygene INT: If them 21 is marked or them 18 shows		gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19e DATE OF OPERATION  21e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DITER NOTHER NOTHER NOTHING AT WORK  27e I certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did of the county).	DUE TO, OR A  (c)  CONDITIONS CON  196 CONDITION  216. TIME OF I HOUR A.M. P.M.  21e PLACE OF (AT HOME STREET  (AT HOME STREET  (AT HOME STREET  (AT HOME STREET)  (AT HOME STREET  (AT HOME STREET  (AT HOME STREET	PNEUMON  AS A CONSEON  RAEB  ITRIBUTING TO  ON FOR WHICH  INJURY MONTH D.  INJURY I. FACTORY, OFFICE F  deceased from 2 13 19  ter death.	DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION SIREET  JANUARY 19  86  66. and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS NAVA	20e AUTOPSY?  YES NO	COUNTY STATE  COUNTY STATE  COUNTY STATE  13, 19 86, that (I) (we)  172 DATE SIGNED  AVAL MEDICAL COM			
with the State Dept. of Health and Mental Hygiene WPORTANT: If Hem 21 is marked or Hem 18 shows	MEDICAL	gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNCERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d WORK NOTHER OF AT WORK AT WORK  12a I certify that (I) (this has saw the deceased olive or above. (I) (we) (did) (did reconstruction) NATURE  NATURE  J. M. GUINER	DUE TO, OR A  (c)  CONDITIONS CON  19b. CONDITION  21b. TIME OF I HOUR A.M. P.M.  21e PLACE OF (AT HOME STREET  DITAL) oftended the con FEBRUARY (at your part) oftended oftended often con FEBRUARY (c)  CREATI)  C. LT, MC,	PNEUMON AS A CONSEOUR RAEB  ITRIBUTING TO ON FOR WHICH  INJURY MONTH D, EINJURY FACTORY, OFFICE F  deceased from 2 13 19 ter death.  USNR	DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION SIREET  JANUARY 19, 19 86  86. and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS NAVA NATIONAL CAP	20e AUTOPSY?  YES NO   IN  NED (ENTERNATURE OF INJURY IN  CITY OR TOWN  TEBRUARY  death occurred on the date of  MEDICAL STAFF  DIRECTOR   PHYSICIAN  L HOSPITAL , N.  ITAL REGION,	LEM 18 PART 1 OR PART 2)  COUNTY STATE  13, 19 86, that (I) (we) 10 and hour and from the couses stated			
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232 CARROLL STREET, N. W. WASHINGTON, D. C.F.

DHMH - 16 50M 4/83

(VRA 15, 4)



STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 057126 TE OF DEATH REGISTRAR REG. NO DECEASED NAME MASTERS 20. DATE KNOWN PRINT 19 86 Mark DEATH MATED FUNERAL DIRECTOR 5 FOR YOUR FILES 3 SEX AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male 1086 DEAD 22 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X USA West Virginia WIDOWED [ DIVORCED ILED. O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 26050 Woodfield Road Chicken Cutter Poultry Damascus SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 26050 Woodfield Rd. 20872 Maryland YESX Montgomery Damascus 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Natalie Laird Masters Reszke 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166. SOCIAL SECURITY NO 541 ADPIEtus St. IYES, NO, OR UNKNOWN) 235-08-4424 No Laird Masters. Weirton, W. Va. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL W. PRESTON ST., PART I DEATH WAS CAUSED BY: arresT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which CHEST gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO X TO BU 3 SHOULD BE DEPARTMENT 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 10 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22e I certify that I took charge of the remains described above, held an and in my apinian TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY ACTUAL 8218 W 15amsin EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY Burial Feb.22,1986 St.Paul's Weirton 07/84 BP. Hancpck. W. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NAME Olin L. Molesworth, P.A., Damascus, Md. **DHMH - 17** (VR ATS ME (5))

Carried Francis mining . my sec had had fool 30 de le manin entra mental englant a montre and a carrier a seed looking the seeds GILTO. 0.25 ar and --- " eir centers, eirlen, E. Vo. eligated out, T. c. define

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	REGISTRAR		CEKI	IFICATE OF DEATH	REG. NO.	0004
T	DECEASED NAME	FIRST	NDDLE	LAST	20. DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
ı	(TIPE ON PRINT)	MATTHEW CHA	RLES MAUTZ		FEBRUARY 26 19	86 4:10 Pm
ľ	SEX	4 RACE	5. DAT	E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
ı	MALE	CAUCA	SIAN AÜ	GUST 4 1916	69 YRS.	ONTHS DAYS HOURS MIN.
1	BIRTHPLACE (STATE OR FORE	EIGN 76 CITIZEN OF	WHAT COUNTRY? 8	RIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1	CALIFORNIA	UNITED			MONTGOMERY	MD.
1	© CITY OR TOWN OF DEATH BETHESDA	(IF NOT IN SUC	OSPITAL, NURSING HOM HFACILITY, GIVE STREET ADDRESS) NAVAL HOSPIT	E OR OTHER INSTITUTION  AL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) RETIRED	126. KIND OF BUSINESS OR INDUSTRY U.S.ARMY
Ŧ			GIVE RESIDENCE BEFORE ADMISSIO BRLINGTON	N) 13d INSIDE CITY LIMITS? YES NO NO	13e STREET ADDRESS / ZIP CODE 921 SOUTH 26th P	LAGE 22202
1	4 FATHER'S NAME FIRST  MATTHEW	MAUTZ	LAST	15 MOTHER'S MAIDEN NA FIRST FRANC	WIDDLE	RDELATZ
Ŧ	60 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166. SOCIAL SECURITY NO	. IT INFORMANT	ADDRESS	
1	YES		552-16-6444	MARJORIE M.M	AUTZ, 921 SOUTH 2	6th PLACE
ſ	PART I DEATH WAS	Enter only ane cause per CAUSED BY.	ouamous cell	ARLINGTON, CARCINOMA OF	VA 22202 THE ESOPHAGUS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ŀ			AS A CONSEQUENCE OF			
	Conditions, if ony, w gave rise to immed cause (a), stating underlying cause	diote the DUE TO, OF	R AS A CONSEQUENCE OF			
	PART 2 OTHER SIGNIF		NTRIBUTING TO DEATH B		AINAL DISEASE OR CONDITION GIVE	N IN PART TO

TIE PLACE OF INJURY

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION

CITY OR TOWN

STATE

22a I certify that (I) (this haspital) attended the deceased fram. 86 saw the deceased alive an FEBRUARY 26 above, (1) (Re) (did) (did nat) view the body after death and that in (my) (aur) apinian death accurred on the date and have and from the causes stated

DEGREE

226. SIGNATUR

MEDICAL STAFF
DIRECTOR PHYSICIAN

22e ADDRESS NAVAL HOSPITAL, NAVAL MEDICAL COMMAND,

M.PIERDINOCK, LCDR, MC, USNR

NATIONAL CAPITAL REGION, BETHESDA, MD 20814 23c NAME OF CEMETERY OR CREMATORY Arlington National

ArTington, Virginia

24 FUNERALDER Funeral Home

OR CONTRIBUTING CAUSE OF DEATH

21d INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL Burial

DHMH - 16 50M 7/84

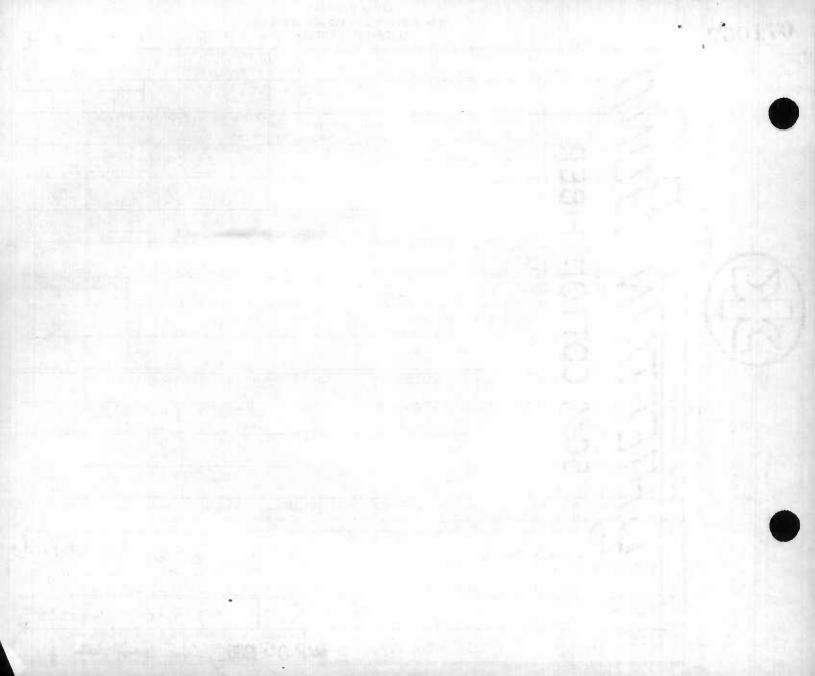
(VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

4510 Wilson Blvd. Arlington, VA.

3/4/86





## STATE OF MARYLAND

	1/						STATE	OF MARYLAND					
057117	1-	FOR STATE REGISTRAR		,	DEP			EALTH AND MENTAL HY ICATE OF DEATH	GIENE	3 6	0	5 6	6 5
12		CEASED NAME	FIRST		MIDDLE		L	AST	2a DA	REG. I		DAY YEAR	2b HOUR
noy be	(TYPE	OR PRINT)	ATRICK	N	MARL		MCCA	ALISTER, JR.	FEB	RUARY 1	9, 198	6	4:56A M
_ , 0	3 SE:	(	4	RACE	MASILE			FBIRTH	6 AGE	IN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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DHMH - 16 80M 7 84 (VRA 15, 4)

24 FUNERAL DIRECTOR
Himes/Rinaldi

11800 New Hamp.Ave. Silver Spring,Md.

250 DATE REC'D, BY REGISTRAN 256. REGISTRAN'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 052092 DECEASED NAME 20. DATE OF DEATH MONTH 7b. HOUR 645 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) # UNDER 24 HR IF UNDER 1 YEAR MONTH YEAR 190 2 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Washington.D.C WIDOWED DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 17a USUAL OCCUPATION INDUSTRY Library LTYPE OF WORK FOR MOST OF WORKING LIFE! Congress 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / 71P CODE Md. Montgomery Gaithersburg NO [ Russell #709 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST Albert Richardson Virginia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 40 Indian Hill Rd. IYES NO OR UNKNOWN) No 578-66-7897 Weston, Mass, 02193 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY cuelden myccano IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Vean Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [ NO [ 216. TIME OF INJURY 710. ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED III. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) SIREET CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from the deceased alive an. and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bagly after death DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 121 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY STATE 2/7/186 Cremation Lee's Crematory Washington. 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4) Gartner Sandison F. H. Gaithersburg . Md . 2087

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m mo		3 SE			4 RACE		5. DATE OF BIRTH  MONTH DAY YEAR		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF			HOURS MIN.	
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in 11 1	1/	-	ITY OR TOWN OF DEATH		<ol> <li>NAME OF HOSPITAL, NURSING HOMI (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS)</li> </ol>			OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST	OF WORKING L		OF BUSINESS OR	
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(VRA 15, 4)	04		57 Wisconsi							Joina	w Davidson	निकार्य ॥	

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 045054 - STATE REGISTRAR L DECEASED NAME ROBERT MC GOWAN DATE KNOWN LTYPE OR PRINT P. ESTI-DEATH MATED SEX DATE OF BIRTH 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD O BIRTHPLACE WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mississippi USA WIDOWED -DIVORCED O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Civil Engineer US Govt. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME Hamilton McGowan Maye Gilmore 60, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Yes WW 11 578-38-6328 Louise J. McGowan-wife-(same as 13e) 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I DEATH WAS CAUSED BY Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WA 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY (ATHOME, 211 LOCATION 14 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK COUNTY STATE 220 I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my opinian death resulted from: Natural causes Suicide Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER John S. Rogers 1919 Seminary Road, Silver Spring, Md XAMINUR S NAME TYPE OR PRINT) ADDRESS 23t. NAME OF CEMETERY OR CREMATORY
Lee's Crematory 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION (SPECIFY) Cremation Washington, DC OUNTY STATE 2-10-1986 24 FUNERAL DIRECTOR 11800 N.H. Ave., 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Hines/Rinaldi Funeral Home Silver Spring, Md. Julia Davidson Handelle (VR A15 ME (5))

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Female 10 BIRTHPLACE ISTATE OF FOREIGN Pennsylvania

O CITY OR TOWN OF DEATH Bethesda

Thomas 160 WAS DECEASED EVER IN U.S. ARMED

(YES, NO OR UNKNOWN)

CERTIFICATION

FATHER'S NAME

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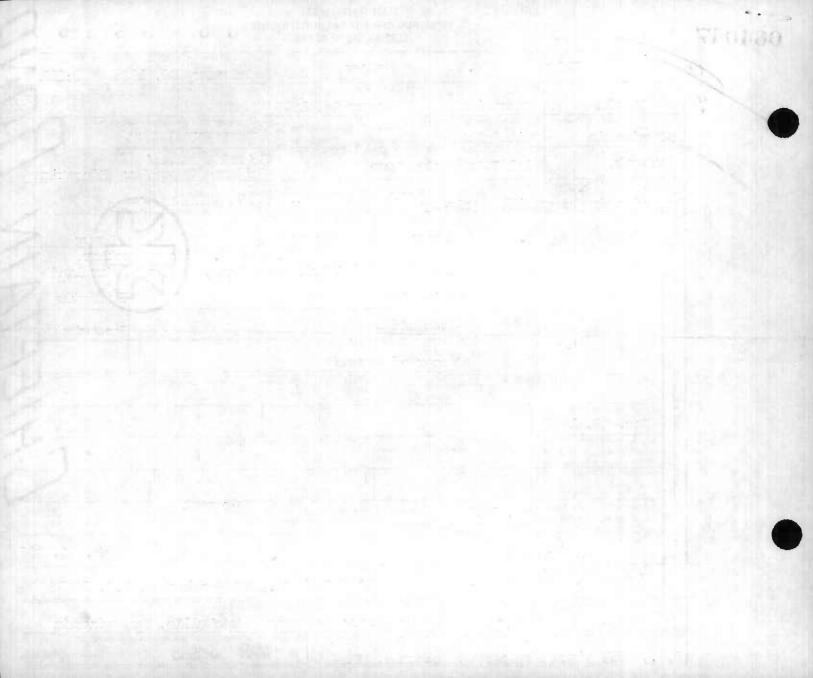
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# (VRA 15, A)

FOR STATE REGISTRAR		DEPARTMENT CEI	RTIFICATE	AND MENTAL HYG	REG	<b>0</b>	5 6	6 9
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URIAL, CREMATION, REMOVA SPECIEX Burial	23b. DATE Mar. 1.19	** 7		OR CREMATORY Cemetery	23d LOCATION CITY OF TOWN Fracky	ille, Pe	county	vania

230 BURIAL, CREMATION, REMOVAL Burial M FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR 3 1986 P.A., 7557 Wisconsin Avenue, Bethesda, MD.



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## STATE OF MARYLAND

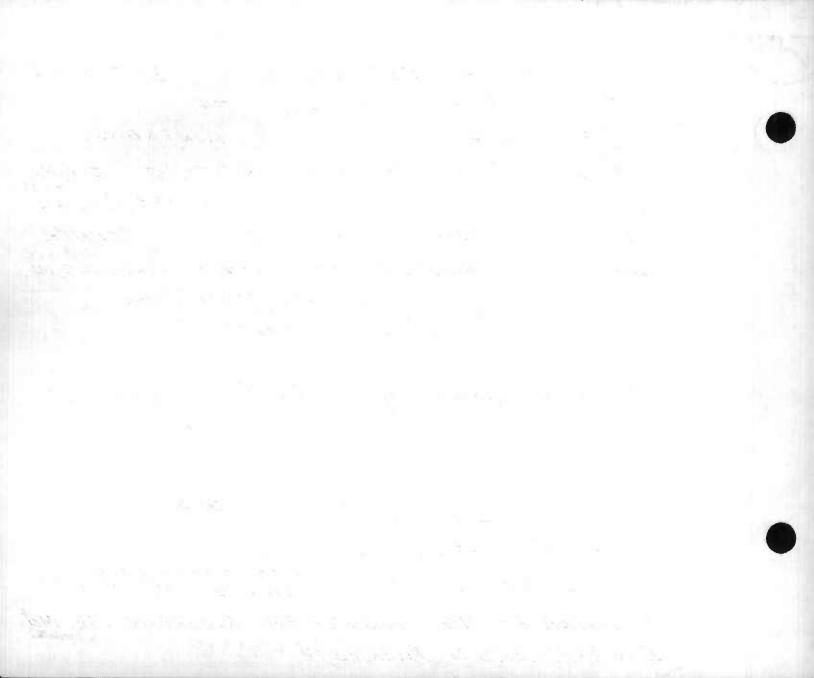
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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49072	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
oy be		CEASED NAME FIRST CORPRINTS	lie G.	Mc Shave.	20 DATE OF DEATH MO	17 - G - SG 114G
ge 4 may	3 SE		1. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD.	AY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
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OR ATTEINE hospito DIRECTOI Coched for Dopt. of h		saw the deceased alive or obove, (I) (we) (did) (did n 22b. SIGNATURE	ot) view the body ofter death.	DEGREE  ATTENDING	death accurred on the date	ond hour and from the causes stated  22c. DATE SIGNED
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APPO OH		1-417510		at n	ruous, "	11 00 33

DHMH - 16 50M 4/83

(VRA 15, 4)



FOR STATE REGISTRAR

## CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

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	(1146	Ida		Mete	elits		February	24.	1986	10:0	OA
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	2 010	Female RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TDV2   0			BALTIMORE CITY OR	YRS	OFDEATH		_
		OUNTRY LA	USA	MARRIE	NEVER MA	RRIED "	BALTIMORE CITY OR	COUNTY	OF DEATH		
				WIDOWE			Montgomer	y Co	unty		MD.
Y	0 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO		R OTHER INSTITU	I NOITL	20 USUAL OCCUPATIO	N	126 KIND O	F BUSINES	SS OR
	Ro	ckville	Potomac Val	ome	Housewife		Own	Iome			
C	U5UA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE		13d INSIDE CITY	HANTS?	3e STREET ADDRESS /	ZIP CODE	7	20901	
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	Ĭ¥ FA	THER'S NAME			15. MOTHER'S M	AIDEN NAM	TOJOU TEIIO	LUUK	DLIVE		
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	9	saw the deceased alive an									
		22b. SIGNATURE	11	E-C (F13)	DEGREE				22c. DATE	SIGNED	0.4
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1		220 PHYSICIANA NAME (TYPE	18 PRINT)	- May	22e ADDRESS						
					The Modified S		Cameron			03	
		Jason Gei	ger, M. D.			SIIV	er Spring	, M	D 20	910	-
	23a 8	URIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		- COLLEGE		
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		NERALDRESTOR CTEIN			Lebanon		dy Aderbur	, 111	nce Get	I ge	0,

DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C. 18

DHMH - 16 60M 7/84 (VRA 15, 4)

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(VRA 15, 4)

STATE OF MARYLAND

Rockville, MD

2085

George R. Snowden

(VRA 15, 4)

STATE OF MARYLAND



DHMH - 16 60M 7/B4

(VRA 15, 4)

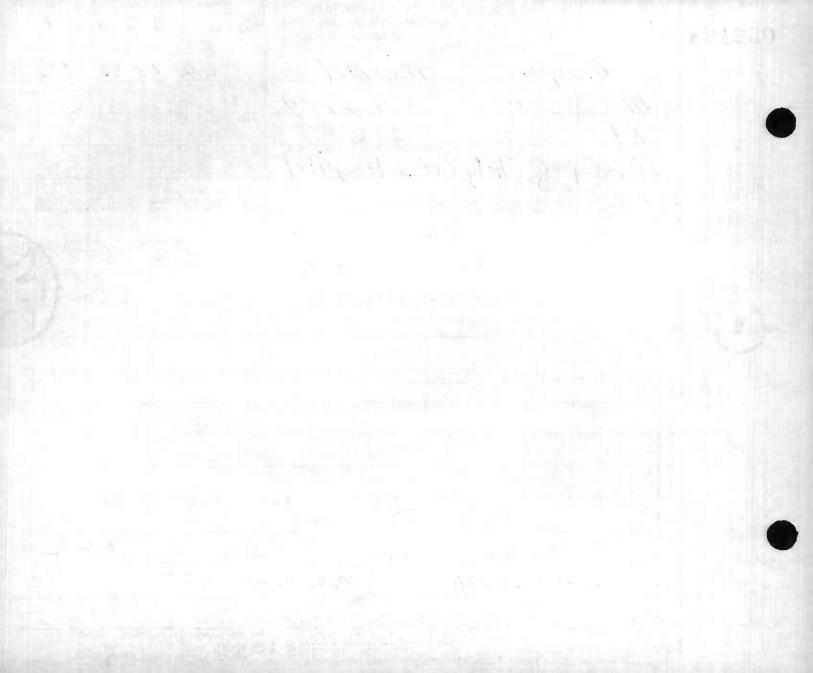
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23c. NAME OF CEMETERY OR CREMATORY Feb. 10,1986 Ohev Sholom Talmud Torah Washington

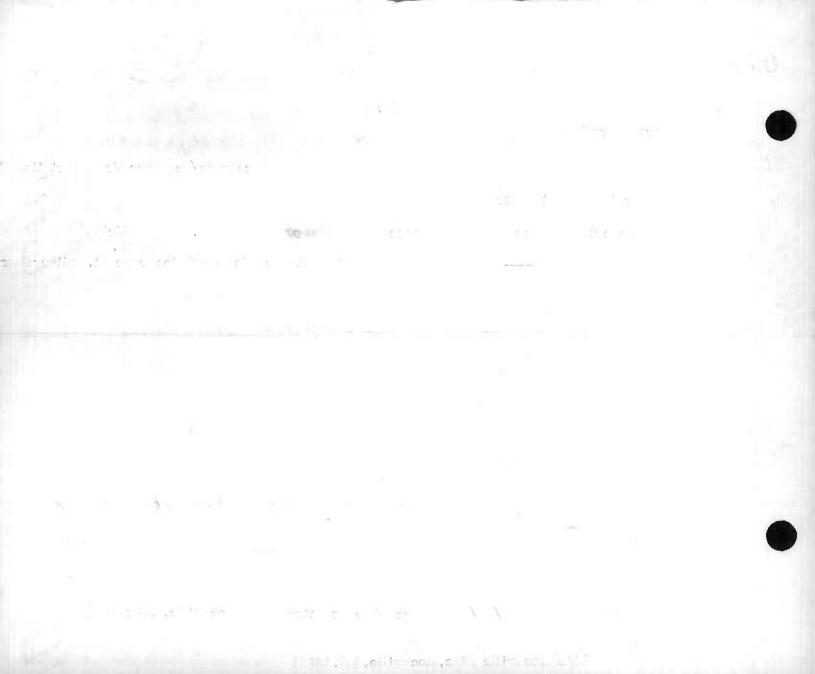
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24 FUNERAL DIRECTOR 11.70 Rockville Pike 250. DAIE REC'D. Danzansky-Goldberg Mem.Chps.Rockville. Md20852



STATE OF MARYLAND



F. Gasch's Sons F.H. P.A. Hyattsville, Maryland FEB 21

FOR

- STATE

24 FUNERAL DIRECTOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2s DATE OF DEATH WORTH THIS 75 HOUR TYPE OF YEAR! ٧. February 11 Claude Morse 4 RACE 6. AGE THY PEARL LAST BRITISHY 1: SEX 5. DATE OF BIRTH 1913 May Male White TA BIRTHPLACE I STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Hampshire U.S.A. WIDOWED DIVORCED [ Montgomery County CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 126 KIND OF BUSINESS OR THE OF WORK FOR MOST OF WORKING CHE OF NOT IN SUCH FACILITY, ON'S STREET ADDRESS. INDUSTR 9701 Fairway Avenue Evaluation Engineer Railroad Co. Salver Spring 13h COUNTY DE CITY OR TOWN 134 STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIANTS? Maryland 9701 Fairway Avenue Montgomer Silver Spring 2090. A FATHER'S NAME IS MOTHER'S MAIDEN NAME MICOLE LAST MIDDLE Walter C. Heath Morse Bernice Mr. WAS DECEASED EVER IN U.S. ARMED FORCEST ADD##S5 16h SOCIAL SECURITY NO IF INFORMANT OF RES. GARE WAR ON DATEST. Edith Morse (Wife) Same as # 13. No None IE CAUSE OF DEATH :Enter only one could? PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE to Conditions, if any, which couse in stolling DUE TO C underlying couse last PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FRANKAL DISEASE OR CONDITION GIVEN IN PART IFICATION THE DIATE OF OPERATION 14b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s. AUTOPSY7 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NODE NO [7] 21a. ACCIDENT WAS UNDERLYING [1] 715 TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF POURS OF THE 18 PART I DRIVER TO HOUR A.M. MONTH DAY VEAR OR COMTRIBUTING TO CAUSE OF DEATH LIFETHER NOTES METICAL EXAMPLES 10 THE INJURY OCCURRED THE PLACE OF INJURY TH LOCATION CITY DIE TOWN COUNTY State AT HOME SPEET, FACTORS OFFICE FARM STUD Al victor 27s.1 certify that (1) (this hospital) attended the deceased from saw, the deceased alive on and that in Imy (and opinion death occurred on the date and how and from the causes stated 72h SIGNATE THE DATE SIGNED TTENDING. MEDICAL PHYSICIAN DIRECTOR THYSICIAN Feb. 11, 1986

DHMH - 16 60M 7/84 (VRA 15, 4)

Chambers Funeral Home Silver Spring, Maryland

Burial

IN BURIAL DEMATION, REMOVAL

M. FUNERAL DIRECTOR

J. Blaine Fitzgerald

23b. DATE

Mount Calm Cemetery

331-NAME OF CEMETERY OR CREMATORY

8218 Wisconsin Ave. Bethesda, Maryland

Enfield, Grafton Co., New Hamp. BY REGISTRARISH REGISTRAR'S SIGNATURE

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		1				STATE OF MARYLAND		
	0701	61	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6 REG. NO.	5 6 8 2
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	be ge 3		( TAPE	SUPPRINT! GUEN	Cheun	mory	Feb 191	86 1655 M
	a oy		3 SEX	1	1. RACE 1 11	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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BALTIMORE, MARYL	C D	-		18 CAUSE OF DEATH Enter on	ily one cause per line for (o), (b), o	Adicis 1 0	. 1	BETWEEN ONSET AND DEATH
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ECO	beer mit prior	ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
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44	BP	7		Burial	Feb.22,1986 Wa		Cem., Suitland, Pr.	
11	DHMH - 16 60M			NERAL DIRECTOR	To 300-lith CAPORESS	NE, Wash., DC20	DATE REC'D, BY REGISTRAR 756 REGIS	TRAR'S SIGNATURE
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acoth certificate be me attending physician more corbon papers. President, or removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	DUE TO, (b)_	Per line for (a), (b), and Per p. C.	NCE OF	Failure	IRUCZNA	SAME A		(MATE INTERVAL ONSET AND DEATH
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TO A THE STORY OF STORY OF SHOOT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASE 2h HOUR Mary Nagle February 26,1986 Hazen 4 RACE IF UNDER I YEAR 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY) 3 SEX Female Caucasian September 2. 1898 TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED United States Montgomery County, Washington, D.C. WIDOWED DIVORCED [ 126 KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bethesda Health & Retirement Cen Chevy Chase Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 136 COUNTY 13e.STREET ADDRESS / ZIP CODE Chevy Chase 3722 Manor Road 20815 Maryland Montgomery 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE Nathan DePue Hazen Mary 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Mr. Richard H. Nagle, Son, 166 SOCIAL SECURITY NO 13909 Bauer Drive, Rockville, Maryland 215-46-2184 No 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC.)

NOT WHILE

rour opinion death occurred on the date and hour and from the causes stated

ATTENDING

MEDICAL

DIRECTOR PHYSICIAN

Rockville

22¢ DATE SIGNED

Lewis N. Cahill M.D.

22e ADDRESS

DEGREE

5411 Cedar Lane #202 Bethesda, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

COUNTY

Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on obove, (1) (we) (did not) view the body ofter death.

Parklawn Memorial Pari 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes,

300 West Montgomery Ave. Rockville, MD.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



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	DIRECTOR FOR THE COUR FOR THE COURT FOR FOR THE COURT FOR THE COUR	Fe	male	Wh	ite	Apr. 1,	18	91	94 Y			Hours	MIN	PRONOUNCE DE AD		2/		1986	28115 P. M
0	S NECESSARY, PLEASE FUNERAL DIRECTOR. S FOR YOUR FILES. D, MITWAY HOURS WYRSTON STREET,	FOR	THPLACE (SEGN COUNTRY)			76 CITIZEN OF	JSA	T COUNT	RY?	MARR WIDOW		EVER MARRIE DIVORCE	D	Montgo				DEATH	MD
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RE, MD.	PAN 2, 2, 1	14 FA	THER'S NAME FIRST Nathan			MIDDLE		Coher	AST			ER'S MAIDE		MIDDI		Unasc	erta	inabl	le)
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ALTI	E 25 AB		NO. OR BINKING	2441	(IF YES, GIVE	WAR OR DATES)	2	226-4	44-892	21D	Pa	tricia	Α.	Tipton	, S	ilver	Spr	ing,	Md.
VITAL RECORDS, 201 W. PRESTON ST.	FAL RECORDS, 201 W. PRESTON ST., I COULD BE EXECUTED WITHIN 24 HOUR RD "PENDING" IN PENCIL IN TIER 18" JIED AS A BLUBIAL, TRANSIT FENJE SP HEALTH AND MENTAL HYDIENE" DI PRAL CREMATION, OR REMOVAL	MEDICAL CERTIFICATION	Condition gave ricause (o lying cau	ns, if one see to see to see to see to see to see last.  GNIFICAN  OPERA	IMMEDIATION	TE CAUSE (0) A DUE TO, (b) C DUE TO, (c) CONTRIBUTING TO DE N	OR AS hro OR AS ATH BUT one	ONIC NOT RELATE	OCARD SEQUENCE MYOCA SEQUENCE TO THE TER	rdial OF MINAL DISEAS	dise	DASE.  ON GIVEN IN PAR  RMED?					20 .	AUTOPSY?	
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•	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM TO EUNERAL DIRECTOR. A FER BEATH, WITH THE ST BALTIMORE, MARTINEOS			fy that red fram	I took charg	color of the remains val causes [X], when S. R	A	ccident	) s	Autop	Hom TITLE ( Dep		Undete	Inquiry () Inquiry () CALEXAMINATY ROS	er [		E 2	/24/8 unty,	
07/B4		(SF	RIAL, CREMA Burial			2/25/19								CATIONALI					ŦΑ
25M	DHMH - 17 (VR A15 ME (5))					EBREW M					OME	FEB S		GOG:					
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(VRA 15, 4)

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- 4	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H	IVCIENT C) (3	5 6 8 8
	- STATE REGISTRAR	DEI AN	CERTIFICATE OF DEATH	REG. NO.	3 0 0 0
	DECEASED NAME FIRST	WIDOLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
4	Burni	s William	Neff	February 4, 1988	1936 M
3 5	SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DATS HOURS MIN.
	Male	Caucasian	June 26, 1912	7.3 YRS	
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	9 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
X	Virginia	USA	WIDOWED DIVORCED [	Mantaameru	MD
711	akoma Park	(IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION ET ADDRESS) VENTIST HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY
130	UAL RESIDENCE IF NURSING HOP 1. STATE 136 C	AE OR OTHER INSTITUTION GIVE RESIDENCE BEFO OUNTY 134 CITY OR TO Intgomery Silver S	ORE ADMISSION) WN 113d INSIDE CITY LIMITS		Ench Road # 2990
	FATHER'S NAME		IS MOTHER'S MAIDEN	NAME	ien Road - 11
511	William	0. Neff	Blanche	WIDDLE	Myers
160	WAS DECEASED EVER IN U.S	. ARMED FORCES? 166 SOCIAL SEC		ADDRESS	a py Augran
N g		S. GIVE WAR OR DATES) 225-12-	2394 Grace E. N	eff Wife Same as	13
	IS CAUSE OF DEATH LENG	er only one couse per line far io), (b), a	ind (c).	100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a de la composition della comp	IMME	DIATE CAUSE 10) DISSEMIL	PATED METASTAS	15/	2 MOS
potic		DUE TO, OR AS A CONSEQUE	UENCE OF		0.1.
	Canditions, if any, which		nomA OF LU	NG	2+M05
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	UENCE OF		
No.		NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION G	VEN IN PART IIa
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
A E				ab	FYING CAUSES OF DEATH?
2	210 ACCIDENT WAS UNDERLYING	The state of the s	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
4	OR CONTRIBUTING CAUSE O		DAY YEAR		
4 PDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM EIC)		
	22a I certify that (I) (thus	ospital) attended the deceased fram	DECEMBER 5 19 8	5 , to FEBRUARY 4	19.86 , that (1) (me) last
	saw the deceased aliv	e on FEBRUARY 4 19 d not 1 view the body after defith	86 , and that in (my) (aux) apini	an death accurred an the date and ho	ui and from the causes stated
E P	226 SIONAPURE	d not view the body differ beating	DEGREE		22c DATE SIGNED
	6. Nou	() of	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2-5-86
Z T	22d PHYSICIAN'S NAME (1	YPE OR PRINT)	22e ADDRESS 86	30 FEMON ST ,	#230
MPORTAN	16 hEnni	Dro COLD MO	Silver	Soring Md.	20910
230	BURIAL, CREMATION, REMO	VAL 236. DATE 23c	NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	
	Burial	FEB. 7, 1986 Ga	ite of Heaven	Silver Spring	, Montgomery, Md
7/84 24		icis J. Collins	7 tr 25a [	DATE REC'D. BY REGISTRAR 25 REGIS	TRAR'S SIGNATURE
		Blud W Silver		EB 1 0 1986 John	Davidson-Mandalle

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mark ---- Author 1987 of 837 (

STATE OF MARYLAND .
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

REGISTRAR

Gaithersburg.Md.20877

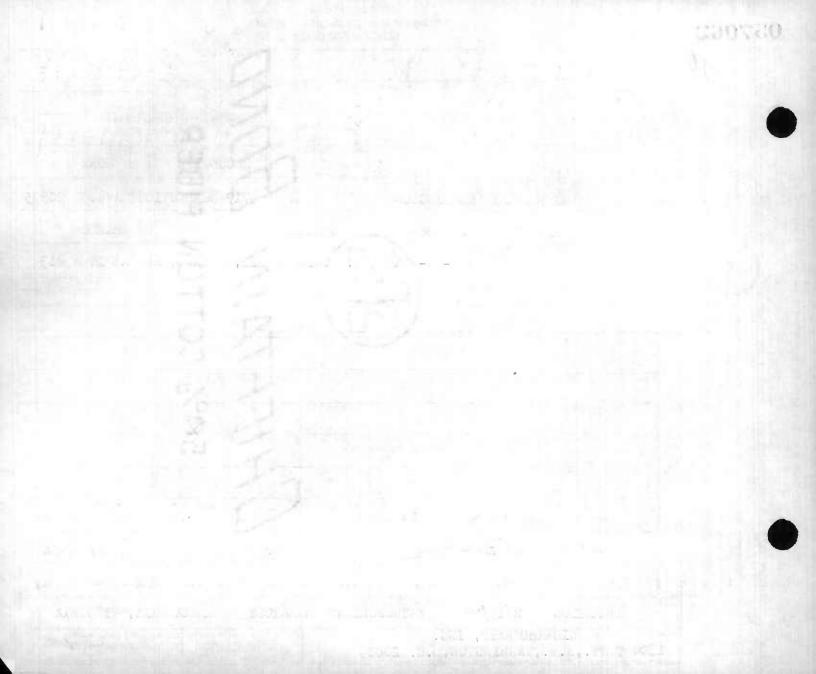
(VRA 15, 4)

Gartner Sandison F.H.

STATE OF MARYLAND

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1						STATE OF MARYLAND							
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mage 3		CEASED NAME OR PRINT)	SINT 4 RA	CE	NIDDLE	S. DATE O	F BIRTH YEAR	2d DATE OF	DEATH MO	AY) IF UN	IDER I YEAR IF	FUNDER 24 HRS	
ther death Tage the luneral direct with 72 hours	1	RTHPLACE (STATE OR FO	тн , 11.	US NAME OF 1	WHAT COUNTRY?  HOSPITAL, NURSING	8 MARRIED WIDOWEI	D NEVER MARRIED D D D DONGCED ROTHER INSTITUTION	12a. USUAL C	RECITY OR CO	YRS SOUNTY OF I	me	MD. BUSINESSOR	
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quire; that the death certificate signed by the attending privic him please remove corbot opportunitie crembal quiry, or other traumatic event.	NO	Canditions, if any, gove rise to imm cause (a), stating underlying cause	which ediate j the last.	DUE TO, OF	RAS A CONSEQUEN	NCE OF	Lung Conce	MINAL DISEASE	OR CONDIT	ion given 1		ITE INTERVAL SET AND DEATH	
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an offerdan After the bursells and the bursells and Me	MEDICAL	21d INJURY OCCURR NOT WHI AT WORL 22a. I certify that (1) (	ED :		e deceased from	2-	214 LOCATION STREET	, to	CITY OR TOWN		COUNTY	STATE at (1) (we) lost	
D HOSPITAL OR ATTENDED by the heapting O PUNESAL DIRECTOR Cooled be defocibled failure the State Death of the MORTANI, if them 21 in		saw the decease obove, (1) (we) (di 22b SIGNATURE 22d PHYSICIAN'S NA	d) (did nat) view	103			d that in (my) (aur) opinian DEGREE ATTENDING PHYSICIAN 27e ADDRESS		STAFF PHYSICIAN	and hour and		uses stated	
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DHMH - 16 60M 7/84 (VRA 15, 4)		804 T ST.	RICHARI N.W., W	RAPP ASHIN	GTON, D.C.	2000	25a. DAT	B 24 1	GISTRAR 25	REGISTRAR"	SIGNATUR	ndelle.	



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)	3 SE>		4 RACE		5. DATE C		YEAR	6 AGE (INFEARS LAST	_	IF UNDER I YEAR	IF UNDER	24 HRS MIN.
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4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARR	RIED 🗆	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
/		Maryalnd TY OR TOWN OF DEATH	U.S.A.	OCOLTAL MILIBERA	WIDOWE	D NORO		Montgome	-	Transport	25 0115 1211	MD.
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6	1	John William	Hollis	Norton		Elizaber	th	WIDDIE		Came	ton	
,		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT				vest Di		
		No		578-42-6	929	Judith Mo	ccard	ell Frede	erick,		1701	
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2	CERTIFICATION	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CERTIF	S, WERE FINDI	OF DEA	TH?
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н		saw the deceased plive or abave, (1) (we) (did) (did no	Jan at view the bady	30 19 19	<b>86</b> , ar	id that in (my) (our)	opinion o	leath occurred on the	date and have	r and from the	causes st	ated
		226. SIGNATURE	651	Α,	λ	DEGREE	NDING .	MEDICAL SI	AFF	22c. DATE	SIGNED	
1		22d PHYSICIAN'S NAME (1) PEC	Weh	my 17.	0.		ICIAN X	DIRECTOR PHY		0/1	7/86	
/		SAMUEL L.	DESHAV	1 A			2000	LL AVE ;	Taxasa	Pan	· N	٨
	23g. B	SURIAL, CREMATION, REMOVAL	23b. DATE	19,D.	IAME OF C	EMETERY OR CREM		123d LOCATION	AKOMA	- 1-11-121	177	<u> </u>
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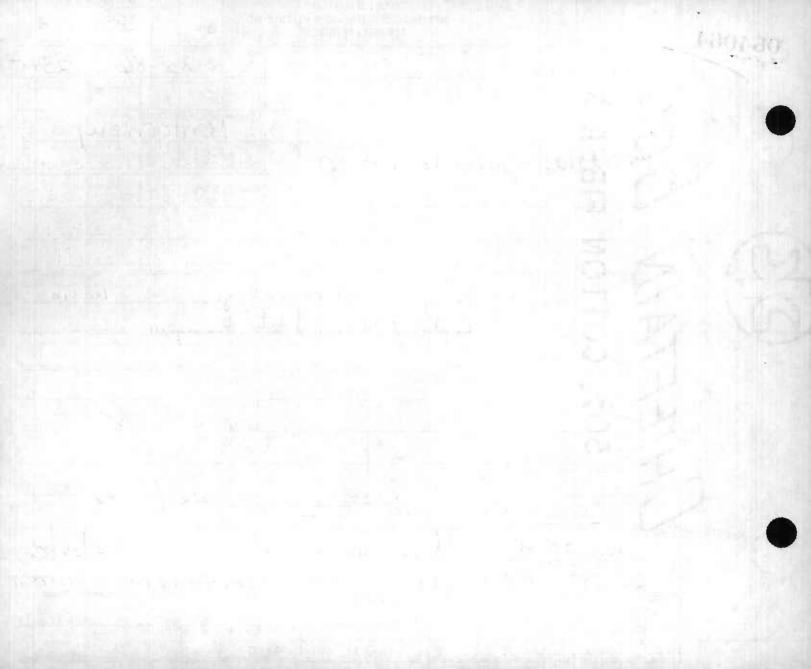
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500 University Blud., W., Silver Spring, Md.

DHMH - 16 60M 7/84 (VRA 15, 4) 1121 32 01 out

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1191		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.	-	
		OR PRINTS	FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
E with	1		thel	C	210	nner.	2811/86	,		0345
10	1. SE	× ~	4 RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	Cauca	sian	MONTH	8 O4	81	YRS	MONTHS DAYS	HOURS MIN.
given,		RTHPLACE (STATE OR FOR		F WHAT COUNTRY?	18		9 BALTIMORE CITY		Y OF DEATH	
3		OUNTRY)	USA		WIDOWE	NEVER MARRIED				MD.
P		ryland Ity or town of DEAT	H 11. NAME C		NG HOME C	R OTHER INSTITUTION	Montgom 12a USUAL OCCUPA	MON	12b. KIND O	F BUSINESS OR
訂 /	T	l D-+-		SUCH FACILITY, GIVE STREET		11	(TYPE OF WORK FOR MOST		INDUSTRY	
2		ROMA PARK AL RESIDENCE (IF NURSINI STATE II:	G HOME OR OTHER INSTITUTI	gton Adver	E ADMISSION)	нохритах	Homemake			
32	1					13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
B		ryland M	ontgomery	Silver	Spring	YES NO S	10 Musicm	aster	Court	20904
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medico		VAS DECEASED EVER IN	U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES			17 INFORMANT	AUDI	E33		
E	N	0		216-46-	-5/39	Laney Tappo	nnier Daug	hter_	Same as	13
÷.		18 CAUSE OF DEATH PART I. DEATH WA	Enter only one couse	per line for (a), (b), ar	nd (c).		200	-	BETWEEN C	MATE INTERVAL ONSET AND DEATH
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5	S S	Dehy	dralian	Ostro	par	osls, a	ged			
ony	CERTIFICATION	190 DATE OF OPERATIO	ON 196 COP	VOITION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S, WERE FINDIN	IGS USED
S O	Ē						YES NO		ES [	NO [
80	1 👸	210 ACCIDENT WAS UNDER	- 1,,,,,,	OF INJURY	4V VE 4D	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 I	PART   OR PART 2]	
E 7	¥	OR CONTRIBUTING CA	OSE OF DEATH	A.M. MONTH D	19					
± (	MEDICAL	21d INJURY OCCURRE	D 21e. PLAC	E OF INJURY		211 LOCATION			COUNTY	STATE
o v	X	WHILE NOT WHILE	E (AT HOME.	STREET, FACTORY, OFFICE,	FARM, ETC )	STREET	CITY OR T	JWN	COUNTY	SIAIE
E C		22a 1 certify that (I) (t		the deceased from		1960	to 2-1	,86	19	that (1) (we) lost
20.00			alive an 3 1			d that in (my) (aur) apınıa		date and has		
ma 5		22b. SIGNATURE	d) (did nat) view the ba	dy after death.		DEGREE			22c. DATE	SIGNED
±		On	Son 11111	MD			MEDICAL STA	AFF		
<u> </u>		22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT)	7,0		22e ADDRESS		CIAN		Selver
MPORTAN				ne a		9013 Flac	ver and F	,000x	3669	Sprin
MP.	-					<u> </u>		20	901	mas
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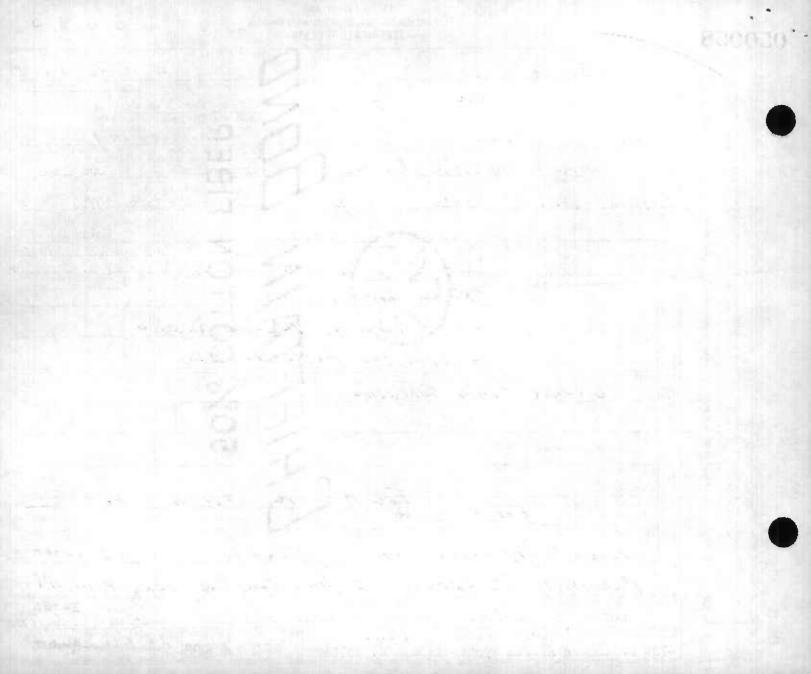
STATE OF MARYLAND



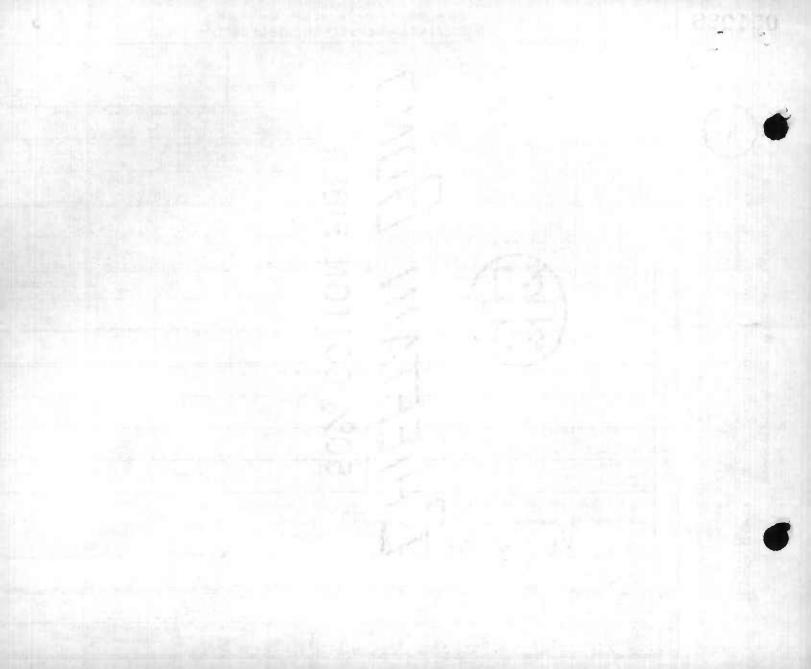
4739 Baltimore Avenue Hyattsville, Md. 20781

(VRA 15. 4)

STATE OF MARYLAND

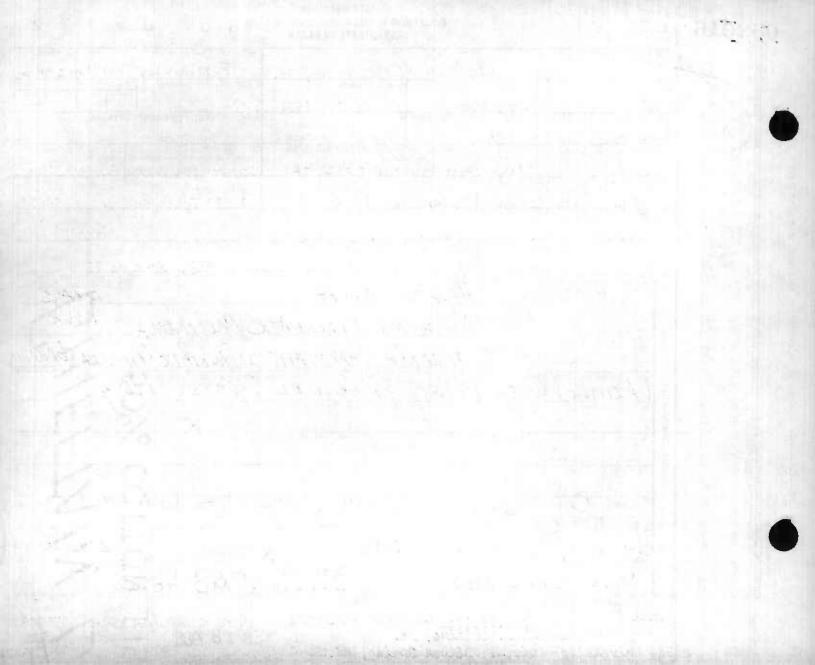


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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F	23o.B	URIAL, CREMAT	ION REMOVAL		23c.	NAME OF CEM	AETERY OR	CREMATO					I I I I I I I I I I I I I I I I I I I		
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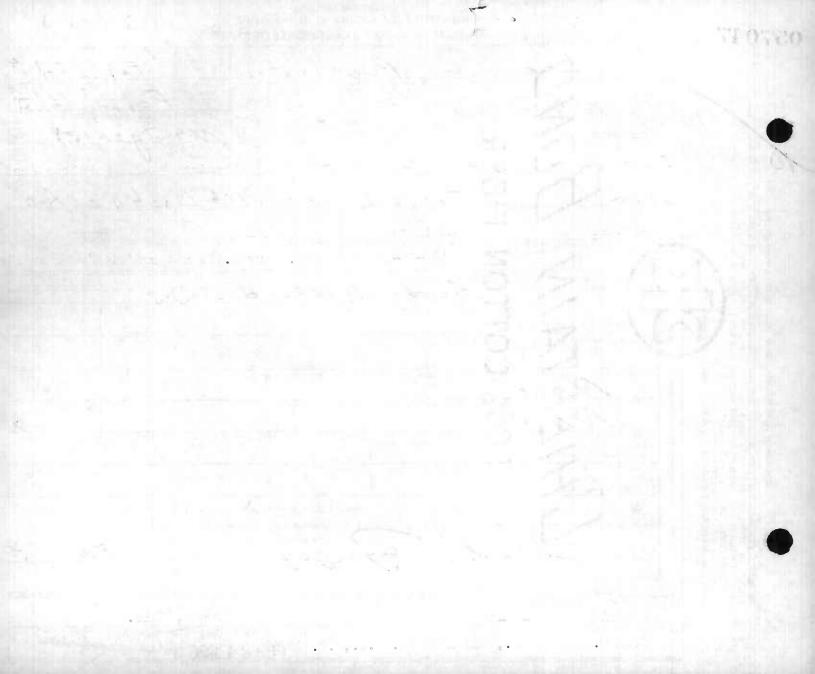
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE OF DEATH 2b. HOUR AGNES 056144 OSTRYE 1986 February 16 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH YEAR MONTH 18 1897 88 Female Caucasian March TO. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY United States WIDOWEDE DIVORCED Montgomery County New Jersey 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR [ IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] TTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 9503 Briar Glenn Way Gaithersburg Secretary ING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 9503 Briar\_Glenn Way/20879 Maryland Montgomery Gaithersburges [ NOT 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Miles Nealon Margaret Hogan ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Charmian O. Was No 578 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) envilente Heart Osen Canditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last and PART 2. OTHER SIGNIFICANT CONDITION ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION R WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIL YES T NO F 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) the transfer of the deceased from October 22 1984 to February 1019 86, that (1) (350 lost saw the deceased alive on February 1019 86, and that in (my) transport apinion death accurred an the date and hour and from the causes stated above. (December 1998) and that in (my) transport approximately a state of the causes stated above. DEGREE ATTENDING should be deta DIRECTOR PHYSICIAN MPORTANI 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial February 19. Gate of Heaven Cemeter Silver Spring Montgomery Md. PUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, AR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 (VRA 15, 4) .A. 300 W. Montgomery Ave. Rockville, Maryland

052016	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF	E OF MARTLA HEALTH AND A FICATE OF D	MENTAL HYG	IENE 8	6 0 REG. NO.	5 6	98
1 1454	1. DEG	JOSEP	Charles	S. DATE		, Jr.		DEATH MONTH  DRUARY  ARS LAST BIRTHDAY)	10,1986 IF UNDER LYEAR	IF UNDER 24 HRS
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ote be exe one service on one pers. Page rol.		18 CAUSE OF DEATH (Enter o	only one cause per ling for (a), (b)		Anna k	(. Oswi	nkle u	life Same	as 13	MATE INTERVAL ONSET AND DEATH
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attenblug spital or att CTOR, After I for use as the of Health or		saw the deceased alive of Jobove ((1) Jiwe) (did) (did)	pital) attended the deceased fro	VI		19.86 (our) opinion	, todeath occurred	on the date and have		tha (1) we) last
HOSPITAL OR A med by the ho hospital by the hospital birds old be detached the State Dept of the state		276/SIGNATURE  LLA  22d PHYSICIAN'S NAME LITTER	Some	M	DEGREE APORES	ATTENDING PHYSICIAN X	MEDICAL DIRECTOR	STAFF PHYSICIAN	272. DATE 2/10	olog.
TO HOSPITA retoined by TO FUNERA should be d with the Sto	23a. E	MARK BIK BURIAL, CREMATION, REMOVA	ens, und	3c NAME OF	CEMETERY OR C	CKVILI	IE M	D 1083	COUNTY	
BP DHMH - 16 50M 4/82 (VRA 15, 4)	24 FI		Feb. 13, 1986 M cis J. Cóllins, lud. W. Silver	Jr.		in's		tenham Pr.		



STATE OF MARYLAND

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		1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 5 7 0 0	
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9 8	N N N N	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
5 5	FARO /	(YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 448-36-1423 Mrs. Mary H. Pennington/wife/same as 1	3e
2 8	OEA		=
# 13°	S JE W	APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	н
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E 23	27520	DUE TO, OR AS A CONSEQUENCE OF	
是 正	RAMAGE	Conditions, if any, which gave rise to immediate (b)	
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E S	SHAR SHE	WHILE NOT WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY STATE	
4	STAN		-
85	25 <b>9</b> 25	22a   certify that   took charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my apinion	
- W	医器配工号	death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner ,	
	AA WEELER	TITLE (SPECIFY)	,
7	#544	SIGNATURE DATE POLO MEDICAL EXAMINER SIGNED OF 21/97	5
90	N OCE THE		
W	日本を表現	EXAMINER'S NAME  ITYPE OR PRIORI  ADDRESS	
2	BATO A	230 BURIAL CREMATION REMOVAL 23b DATE 123c NAME OF CEMETERY OR CREMATORY 123d LOCATION	=
07/94	0	(SPECIFY) COUNTY STATE	
07/84 BI 25M		24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	-
	DHMH - 17	John T. Rhines Co., 3015 12th St. N.E., D.C. 2001 B 2 4 1986 Julia Davidson Rondalls	
(VR	R A15 ME (5))	201-12 4 1986 Gundburland	



(VRA 15, 4)

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- STATE

REGISTRAR

DECEASED NAME

055206

DHMH - 16 60M 7/B4

(VRA 15, 4)

BALTIMORE CITY OR COUNTY OF DEATH 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR Tresident Alarm Systems 6208 43rd. Street. 20781 Roberts ADDRESS Janet Irene Peters, Spouse, Same as line 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE ny) (aur) apinian death accurred on the date and have and from the causes stated STAFF DIRECTOR PHYSICIAN 230 BURIAL CREMATION, REMOVAL Burial George Washington Cem. Adelphi, Prince George's, Md. 2-17-1986 24 FUNERAL DIRECTOR Francis Gasch's Sons, P.A. 250. DATE REC'D. BY REGISTRAR 250 BEGISTRAR'S SIGNATURBANE 4739 Baltimore Ave., Hyattsville, Md. 20781

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7b. HOUR

186

IF UNDER LYEAR

2ª DATE OF DEATH

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037036		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 5 1 3 3										
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	3. SE			4. RACE		5. DATE O	DAY YEAR	6 AGE (IN YEA	ARS LAST BIRTHDAY)	MONTHS	R I YEAR DAYS	HOURS MI
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Damascus			23416	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  23416 Ridge Road 21, 316				cormost of working tered	ING LIFE) IND	USTRY	edica	
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FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

5	1	U	6

							KLO. 140.				
	1 DECEASED NAME FIRST			MIDDLE	ı	AST	20 DATE OF DEATH MONTH DE	AY YEAR	26 HOUR		
	(LANE ON WHINT)	SELMI	A		PI	-ockie	February 4	86	525 M		
	3 SEX		4 RACE		5. DATE C			FUNDER I YEAR	IF UNDER 24 HRS		
	Female		White	2	Jan.	25, DAY 1901 EAR	5, DAY 1901 85				
6	TO BIRTHPLACE (STATE OF		16 CITIZEN OF	WHAT COUNTRY?	8	D XXNEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
1	Bronx, New Y	U.S.A		WIDOWE	D DIVORCED	Montgomery Coun	ity, MD.				
Ä.	CITY OR TOWN OF DE				OR OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS OR			
	Rockville	Hebrew	Home of	Great	er Washington	LITYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	Home				
K	13a STATE		OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	00 10			
1	Maryland	Mont	gomery	Rockvill	e	YES NO	6121 Montrose Ro	ad (20	852)		
1	14 FATHER'S NAME	MISIN				15 MOTHER'S MAIDEN NAM	ME				
1	Jacob		Lic Lic	chtenste	in	Fannie	MIDDLE	Reis	sman		
	160 WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDMaryLan	a 2091	.0		
	NO NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 166 SOCIAL SECUR.				185	Dalton Plock	ie;8105 Eastern A	venue;	Silver Sp		
	18 CAUSE OF DEAT			line far (a), (b), and	dieri	the factor of the		BETWEEN	MATE INTERVAL		
	PART I. DEATH V	VAS CAUSE	D BY:		-			-			

IMMEDIATE	AOSL (d)			
Canditians, if any, which gave rise to immediate cause to , stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT		IAL DISEASE OR CONI	DITION GIVEN IN PART 110
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M., 19	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	y in ITEM 18 PART I ORPART 2)
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)	ZII LOCATION STREET	CITY OR TOV	VN COUNTY STATE
22a.f certify that (I) (the hospital) saw the deceased alive an abave, (I) (June (Ed.)) (did not ve	February 17 19 SC 00	nd that in (my) iour) apinian de	ath accurred an the do	te and haur and fram the causes stated
22b. SIGNATURE	71	DEGREE		22c. DATE SIGNED

INFLUENTA

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BARRY HECHE 230 BURIAL, CREMATION, REMOVAL 236 DATE 2/25/86

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Burial

23c NAME OF CEMETERY OR CREMATORY Arlington National

22e ADDRESS

ra.b .

Arlington, Virginia

3929 FERRALA DR. UNSOYON MD 20901

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATE

FeeB. 21,1986

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORTAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852

A COLUMN TO A ROLL

heatern Monrovite Man Hame THE N nivyak polaril' earstine mari Feb. 14, 1540

057087	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG	SIENE 8 6 0 5 7 0 6
001001	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
1 71 70	DECEASED NAME FIRST	C PORTER	02 - 09 - 86 825 pm
4 9 9	Female IN	hite S DATE OF BIRTH MONTH DAY (YEAR 1) 20 27	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
8 60 72		EN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
1 1/12	Pennsulvania U	SA WIDOWED DIVORCED	Montgomery MD
10 10 10	Takoma Park Was	ME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF INSUCH FACILITY, GIVE STREET ADDRESS) Hington Adventist Hospital	126 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE) 126 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE) 126 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE) 126 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE) 126 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE) 127 EVENT OF WORK FOR MOST OF WORKING LIFE) 128 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE) 129 EVENT OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK FOR WORK ING LIFE) 120 USUAL OCCUPATION (IYPE OF WORK ING LIFE OCCUPATION (IYPE OCCUPATION (IYPE OCCUPATION (IYPE OCCUPATION (IYPE OCCUPATION (IYPE OCCU
The state of the s	BUAL RESIDENCE IS NURSED THE COUNTY  Maryland Pr. Geo.	136. CITY OR TOWN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 7007 21st Avenue 20783
111/60	Paul NEON	Callaghan 15. MOTHER'S MAIDEN NA	ME MIDDLE LAST
2 0 0 h	160 WAS DECEASED EVER IN U.S. ARMED FO	RCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
	No.	- W	orter Husband Same as 13
( 9 ( )	18 CAUSE OF DEATH Enter only one co PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSI		Per Memiplique Between ONSET AND DEATH
deuth officers treamon	Conditions, if any, which gove rise to immediate	ETO, OR AS A CONSEQUENCE OF (b) Canello fulmonary Horart	e .
d by the four or or other	cause (a), stoting the Underlying couse last	E TO, OR AS A CONSEQUENCE OF Paulyne	
There of the party.		ONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN IN PART 110
1000	Diabetes Me 190 Date of OPERATION 196 210. ACCIDENT WAS UNDERLYING 216	CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  100 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
CLEAN TO PAYOR TO PAY	On COLUMNIC COLUMN OF SELECT HIS	TIME OF INJURY  DUR A.M. MONTH DAY YEAR  P.M. 19	RED (ENTER NATURE OF INJURY IN 11EM 18, PART LORPART 2)
otherdin other this of the but Me but he and Me		PLACE OF INJURY HOME STREET, FACTORY, OFFICE, FARM, ETC 1  21f LOCATION STREET	CITY OR TOWN COUNTY STATE
TTENDDS potal or TOR, At for use of Health 21 is mo	22a   certify that (1) (this hospital) atte saw the deceased alive on 2 above, (1) (we) (did) (did got) view the	nded the deceosed from 2/5 , 19.86 19.06 and that in (my) (our) opinion	death accurred on the date and hour and from the causes stated
At Ok A the house At Directed the Dept.	22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF  I DIRECTOR   PHYSICIAN
O HOSPITAL etomed by th TO FUNERAL Amond be der with the Stote	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	71D 220 ADDRESS 7676 Ne	w Hampshire Ave.
51 5213	23a BURIAL, CREMATION, REMOVAL 23b. D	ATE 23c NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY STATE
BP	Burial Fe	b.13,1986 Arlington National	Arlington Virginia E'REC D. BY REGISTRARIZED
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR Francis J	. Colling Jr W. Silver Spring. Md. FI	B 2 4 1986
	Jou university beva.	w. suver spring, Mu.	1/

SHORIZO:

injury, ar other troumat

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Julia Vavidson-Randalle

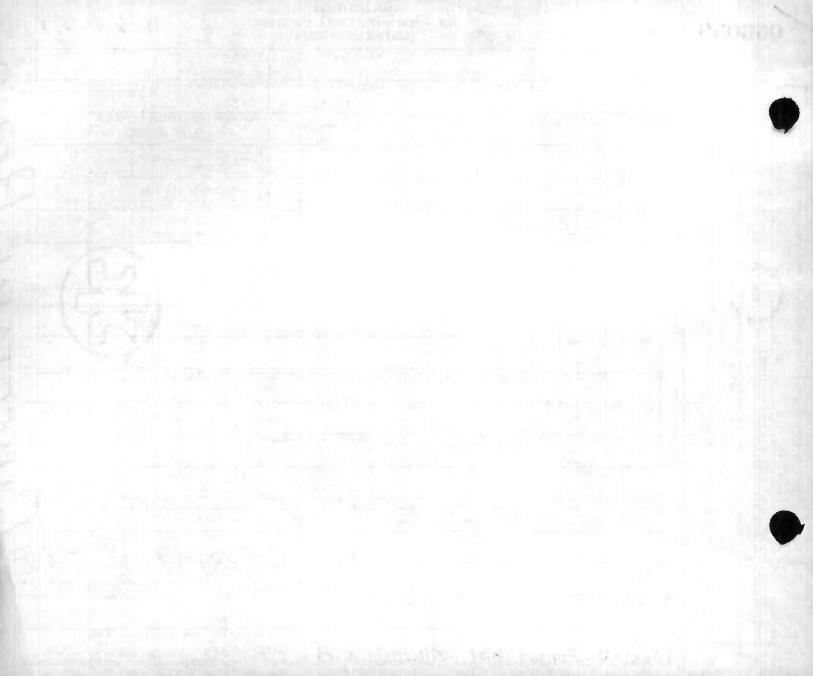
O	5	7	0	1	
DAY		YEAR	2b. HOUI	2	

1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 6	0	5 7	0 /
	CEASED NAME FIRST	-	MIDDLE	ı	AST	20. DATE OF DEATH	MONIH	DAY YEAR	26. HOUR
{ TYPE	WILLIAM VOGT POWELL					FEBRUARY 17 1986 3:03 P <sub>M</sub>			
3. SEX	4 RACE			5. DATE OF BIRTH		6 AGE IN YEARS LAST BE	RTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
1	MALE	CAUCAS	SIAN	AUGUST 17 1928		57	HOURS MIN.		
7a. BII	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.			NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
	TEXAS	UNITED	STATES	WIDOWE		MONTGOMERY MD.			
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME O  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  NAVAL HOSPITAL			OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S.NAVY			
USUA	BETHESDA  AL RESIDENCE (IF NURSING HOME)					KEIIKED		0.5.	NAVI
13a. S	STATE 1.30 COL	TRFAX	SPRTNGI	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			2152
	THER'S NAME	WIDDLE			15. MOTHER'S MAIDEN NA	ME			
	FIRST DOLL	LAST	LAST FIRST			DREY LEE CLEMENT			
16a W	VOGT POW VAS DECEASED EVER IN U.S. A		166. SOCIAL SECT	JRITY NO.	17. INFORMANT	REY LEE CLI			
D	YES, NO OR UNKNOWN) (IF YES, C	(IF YES, GIVE WAR OR DATES)							
Y	ES   195	1-1983	1457-32-2	2966	SPRINGFIELD			COURT.	IMATE INTERVAL ONSET AND DEATH
NOI	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(c)	r as a consequ Dntributing to	DEATH BUT		MINAL DISEASE OR CON			
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES ▼ NO□	IN CERTIF	S, WERE FINDIN FYING CAUSES ES 🔽	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	PF INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STO	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	270. I certify that (1) (this haspital) attended the deceased from FERRIARY 12, 19.86, to FERRIARY 17 19.86, that (1) (we) last saw the deceased alive an FERRIARY 17 19.86, and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the body after death.								
						MEDICAL STA		18	7eb86
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)				HOSPITAL,			
	M. PIERDINO	CK. I.CDR	MC. USN	JR	NATIONAL CA				
23a B	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION			
	BURIAL	2/20/	86 7	RLING	ON NATIONAL	ARLINGTO	N	COUNTY	RGINIA
24 EI	INERAL DIRECTOR	1 -/ -0/	OU IM	14771407		TEREC'D BY REGISTRA			-

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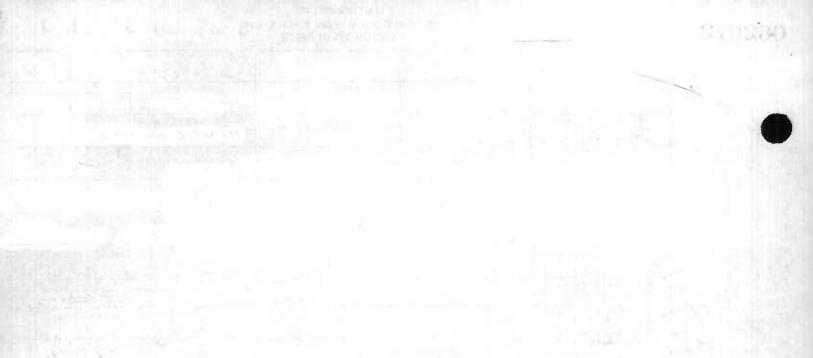
empire Funeral Home

(VRA 15, 4)



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062072	1	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H 0 0	5710
6	DE (TYP	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.  20. DATE OF DEATH MON	28 110011
4 60 0	1	Ellen	L.	Priest	2/25/86	8/5
K	T SE	X	4 RACE	S. DATE OF BIRTH  MONTH DAY Y	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
-1/1	-	Female	White	July 17 19:		YRS
1 11 (1)		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRI		
1 31/56		shington, D.C.	U.S.A.	WIDOWED DIVORC		OUNTY ME
1 3 11		5 141-	(IF NOT IN SHICH FACILITY, GIV	E CANCEL VDDBECC.	OF WORK FOR MOST OF WO	RKING LIFE) INDUSTRY
(1) 國 光头		koma Park  AL RESIDENCE (IF NUKSING PUME O STATE	Washington OR OTHER INSTITUTION, GIVE RESIDENCE	Adventist Hospital	l Housewife _	Own Home
"飘游"			NTY 136 CITY O	R TOWN 1136 INSIDE CITY LI		1. p. 1 00770
1 1	_	ryland P.G	G. Green	belt ES NO		lt Road 20770
11/6	3	Frank	MIDDLE LA	to First	#IDDIP	Selby
1 1/ 6	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	L SECURITY NO 17 INFORMANT		06 Connechusett Rd
900	N		ve war or dates) 579-3	6-1305 William 7		mpa, Florida 33617
1 15.2		18 CAUSE OF DEATH (Enter o			rnomason (bon) tai	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Dept.		PART I. DEATH WAS CAUSI	ED BY. ATE CAUSE (a) A Con	te cardea	e amento	730xx 74:
de d	1	IMMEDIA	DUE TO, OR AS A CON	ISEQUENCE OF		(An
depth of the common of the com		Canditians, if any, which	( b)	JEOUENCE OF		1009
by the common of the transfer of the common		gave rise to immediate cause at, stating the underlying cause fast	DUE TO, OR AS A CON	ISEQUENCE OF		DR Rosled
general di regression bear place to burner	N.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART TO
1 1111	ATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED
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DING PHYSICIAN. The low-regard on other dines of physician.  I. After this certificate host been up and on the barriol transit permit. The earth tank Meeting Hygieroe grance host earth tank Meeting Hygieroe grance host and was on the barriol hygieroe grance host and was done them it is a marked or them it is a marked or them it is a marked or them.		220.1 certify that (1) (this hasp		fram	86,10 2/25	
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15 7 15 15 15 15 15 15 15 15 15 15 15 15 15		1918	en	ATTEN PHYSI		0 2/25/86
OSPIT Ned by UNES URBS		220 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS		13/10
A Charles of A		L I HAM		9305	Cecury 15/1	n SPRING
25 62 5 5	23a.	BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF CEMETERY OR CREM	ATORY 234 LOCATION CITY OF TOWN	COUNTY STATE
BP		Burial	2/28/86	Maryland Veterans	s Cem. Cheltenham	P.G. Maryland
DHMH - 16 50M 1/76	Fr	uneral Director anois Gasch's S	ons Funeral NH	ome, P.A.	25a. DATE REC'D. BY REGISTRAR 25b. I	REGISTRAR'S SIGNATURE
(VR A 15 (4) )	47	39 Baltimore Av	enue Hyattsvi	11e, Md. 20781	FEB 27 1000 1	La Varidan Bula



FOR - STATE

REGISTRAR

037016/

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

County

INDUSTRY

21220

126. KIND OF BUSINESS OR

BETWEEN ONSET AND DEAD

NO F

STATE

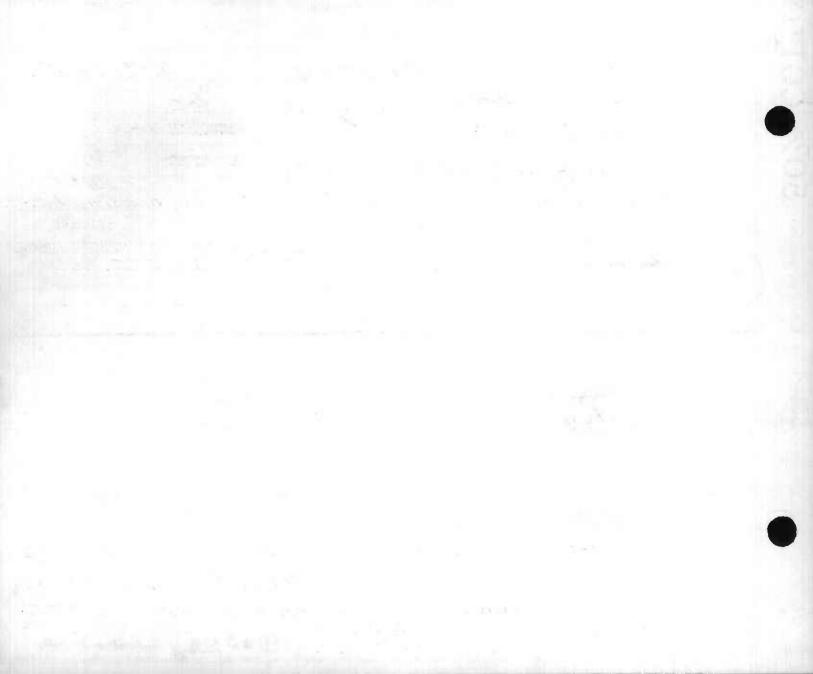
COUNTY

1407 Old Eastern Aves Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

17c DATE SIGNED

AND IN LEGEL BY INC. DOLLARS SEE SEE

252200	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	3 6 0 5 / 1 2 REG. NO.
	I. DECEASED NAME FIRST	Pun-ih-ki	ATE OF DEATH MONTH DAY YEAR 26 HOUR
4 may be or, page 3 ifter death	3. SEX	4 RACE 5. DATE OF BIRTH 6 AG	E (IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTH'S DAYS HOURS MIN.
Poge hours of	Na BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 9. BA	LITIMORE CITY OR COUNTY OF DEATH
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24 hou filled in ould be	USUAL RESIDENCE (IF NURSING HON 130, STATE 130 CO		REET ADDRESS / ZIP CODE 20903
d within a shin a 2 sh	14 FATHER'S NAME ABRAHAM	MIDDLE PURZITSKY IDA FIRST	MIDDLE WALDMAN
/	(160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ROSE PURZITSK	8500 RENEW HAMPSHIRE AVENU SILVER SPRING, MARYLAND
( Bi)		er only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NY!		DIATE CAUSE 10) Palator Bry Hulla	
Section of the control of the contro	Conditions, if ony, which		8V)
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and be the please the please on the please on the please on the please of the please o		NT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL I	DISEASE OR CONDITION GIVEN IN PART 40
requi	e healed	1196. CONDITION FOR WHICH OPERATION WAS PERFORMED 120	LOU WYOUVEL AUTOPSY? 1206 MF YES, WERE FINDINGS USED
hos be permi	118 DATE OF OPERATION  NO NOTICE OF OPERATION  NO NOTICE OF OPERATION	Aprilic Anengysm (ABD) VE	IN CERTIFYING CAUSES OF DEATH?
hysicio hysicio hicote h rronsit I Hygie	OR CONTRIBUTION CAUSE O		NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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or or se ost		iospital) attended the deceased from 1980, to	0 2/3 , 19 8 6 , that (I) (we) la
TTEN Prior of H	sow the deceased alive	e on 19 8 4, and that in (my) (our) opinion death d not) view the body after death.	occurred on the date and hour and from the causes stated
by the hospital OR ATT by the hospital ERAL DIRECTO se detoched for State Dept. of ANT: If hem 21	The SIGNASIAN COLUMN		DICAL STAFF ECTOR   PHYSICIAN   2/3/6/4
HOSI bined ould b th the PORT	13A BARSKIAN'S NAME IT	Levin mo 4801 MASS	Ave N'W WASHI
Da Da X	230. BURIAL, CREMATION, REMO	VAL 236 DATE 1236 NAME OF CEMETERY OR CREMATORY 123 KING DAVID MEMORIAL GAR	LOCATION DENVORTONFALLS CHURCH, VIRGINIA
BP		IN HEBREW MEMORIAL FUNERAL HOME	THE



41191	1-	FOR STATE REGISTRAR	DEPARTA	NENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 6 0	5 / 1 3
page 3		CEASED NAME FIRST OR PRINT: Elmer	Wilbur Raba		AST	February 3, 1	986 26. HOUR
d .	3 SE		4 RACE	5. DATE (		6. AGE   IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HR
urs of		ale	White		ch 15 1923	62 YRS.	
in 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)  aryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Mentgomery	IY OF DEATH
by the fu		TY OR TOWN OF DEATH  thesda	11. NAME OF HOSPITAL, NURSIN 11 NOVIN SUCH FACILITY, GIVE STREET A 5961 Searl Te	DORESSI	DR OTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING Agent-Broker	126. KIND OF BUSINESS OF INDUSTRY  INDUSTRY  Insurance
hould be	13a. S Ma	ryland Mont	other institution, give residence before ITY 13c. CITY OR TOW Bomery Bethesd	V	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP COI 5961 Searl Te	
and 2 sl	14 FA	William S	widdle LAST Raba		15. MOTHER'S MAIDEN NAM	MIDDLE	Harrison
on and co		VAS DECEASED EVER IN U.S. ARI VES, NO OR UNKNOWN) INF YES, GIV YES WW11	MED FORCES? 166 SOCIAL SECU 577-22-9		Jean O Rab	abdress a. Same as item	
		PART I, DEATH WAS CAUSE	ly ane cause per line far (o), (b), and DBY- E CAUSE (a)	Zelu	ionary 3	iluxe	APPROXIMATE INTERVAL BETWEEN ONSEPAND DEATH 2 + the
		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	NCE OF	atra Car	auoma_	9mo.
d by, the		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NOF	quant Me	lauona_	. 3 year
Then pl	NOI	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to d</u>	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 110
it permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
certificate riol-trans antal Hyg tem 18 sl		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	; PART I OR PART 2)
ter this o	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use of Health		220 I certify that (I) (this haspit saw the deceased alive or above, (I) the () and (did	al) attended the deceased fram	6 .0	nd that in (my) (Ar) apinian o	death occurred an the date and ha	. 19 8 6 , that (I) (we) la
AL DIREC detoched ofe Dept. IT: If Hem		226. SIGNATURE S	In Do		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED 2 3 86
FUNER ould be on the Str		James E. F	itzgerald		3800 Res	servoir Rd.,	Wash. D.C

23¢ NAME OF CEMETERY OR CREMATORY

Burial 2/6/1986 Prospect Hill Cemeter:

14 FUNERAL DIRECTOR JOSEPH GAWLET'S SONS Inc.

5130 Wisc. Ave., N.W. ashington, D.C. F.B.D.E.R.

73d LOCATION
CITY OR TOWN

Washington, D.C.

STATE

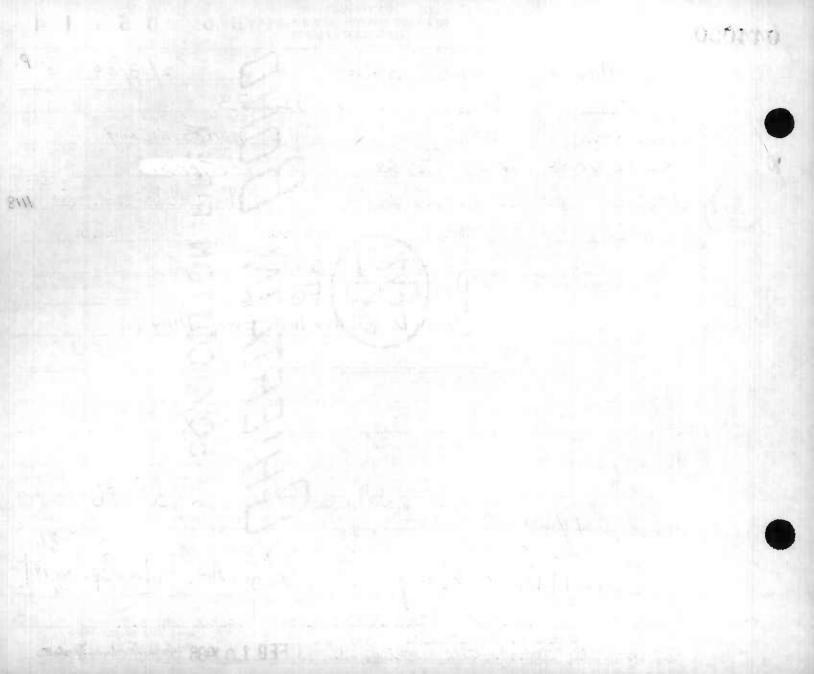
DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

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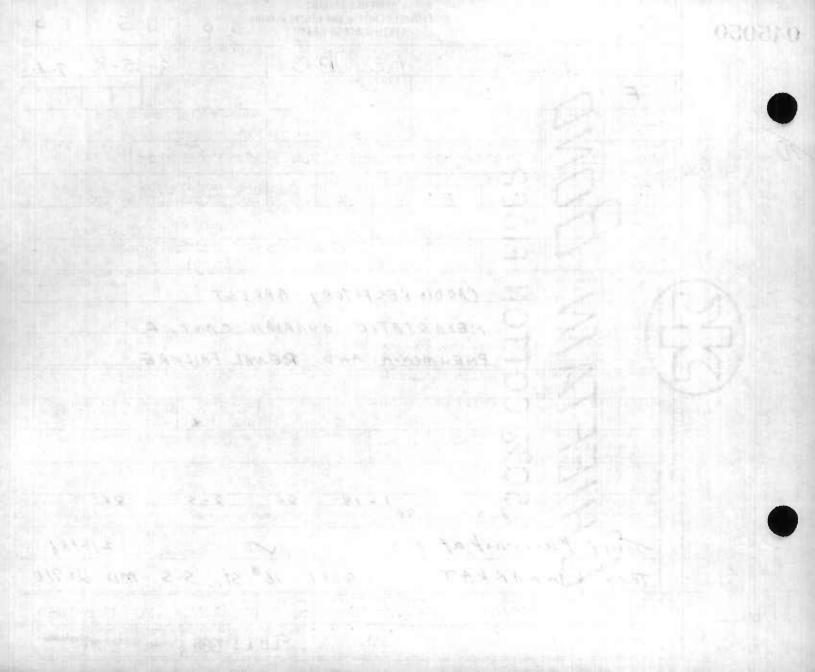


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Hines/Rinaldi



(101 / 95) :n.,

Jer You

Cleckmonts: Fice Armonies.

Maryland font one of Silver Soins | 1004 Hesterne 3t. 2000

Yes Tire 212-16-0716 Idia Reac 15024 Hasterere Ct. Milver Smine

Greenst on Feb. 1, 10% Lee Gremetory achington, D.C.

J. Million Ices cons to. 300 4th St. W.E.o. Co. H

	FOR
-	STATE
	REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

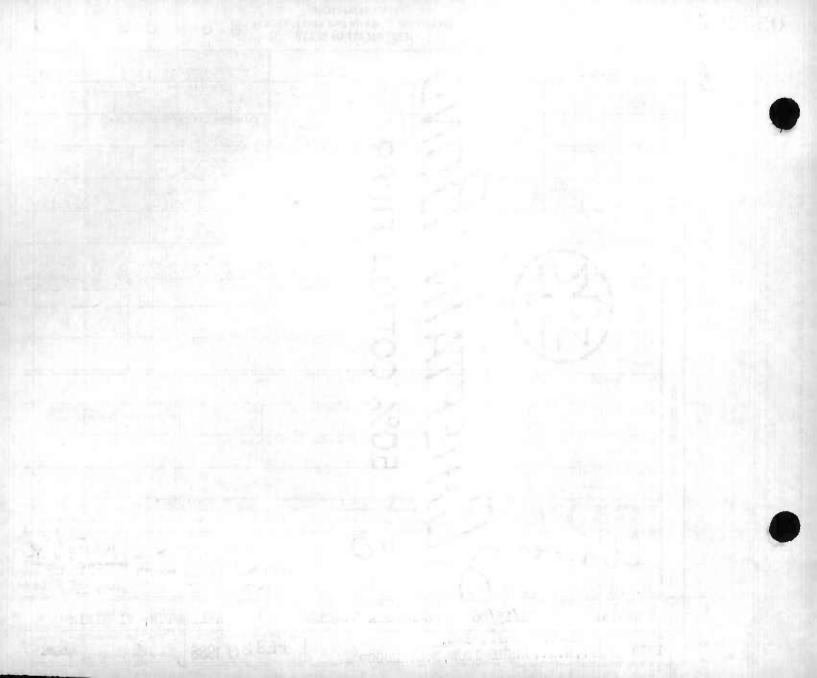
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REG. NO.					

	REGISTRAR				CEKIII	ICATE OF DEATH		REG. NO	).		
	CEASED NAME	FIRST	MIDI	DIE	l	AST	20. DATE O	F DEATH		DAY YEAR	2b HOUR
{TYPE	CA CA	ARRIE	ESTHER	THOMP	SON	REYNOLDS	FEB	RUARY	13 1	.986	2:00 M
T. SE	X		4. RACE		5 DATE C		6. AGE (IN)	EARS LAST BIRTI	(YAD)	IF UNDER 1 YEAR	
-	FEMALE		CAUCASIA		MAY	8 1898	87	11/11	YRS	MONTHS DAYS	HOURS MIN.
500	RTHPLACE (ST		76 CITIZEN OF WH			NEVER MARRIED				Y OF DEATH	
-	OKLAHOMA		UNITED S		WIDOWE	DROTHER INSTITUTION		TGOMER OCCUPATION		Las winin	MD
	BETHESI	DA /	(IF NOT IN SUCH FA	VAL HOSE	DDRESS)	OR OTHER INSTITUTION	(TYPE OF WOR	EMAKER	WORKING		OF BUSINESS OR
VII	RGINIA	13b COU		FALLS CH	V	YES NO		ADDRESS /			22041
14 F/	ATHER'S NAME FIRST WTT	LIAM MA	MIDDLE THO	MPSON		15. MOTHER'S MAIDEN NAI FIRST ET. T.Z.	<sup>ME</sup> ABETH '	MIDDLE WALKER		L	AST
	WAS DECEASED	EVER IN U.S. AF	MED FORCES? 16	b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES			
- (	NO OR UNKNOW	VN) (IF YES, GY	VE WAR OR DATES)	461-28-3	3786	MARCENE R.BUI	DCECC	3313 4	PDIE	יע רסווסי	TATIC
	18 CAUSE OF	DEATH (Enter or	nly one couse per lin	e for (a) (b) one	liers.	CHURCH, VA					XIMATE INTERVAL
NO	underlying	stoting the couse lost.	(c)	TRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEAS	SE OR COND	ITION G	IVEN IN PART 1	10
CERTIFICATION	19a DATE OF C	PERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		IN CERT	ES, WERE FIND	S OF DEATH?
AL		G CAUSE OF DE	AIR .	NJURY MONTH DA	21c HOW INJURY OCCURE	RED (ENTER NA	NO		PART I OR PART 2)	NO []	
MEDIC	216 INJURY OF	CCURRED	21e PLACE OF	INJURY FACTORY, OFFICE FA	RM ETC )	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
	saw the d	eceased alive or	FEBRUARY	13 19 7		ed that in (my) (our) opinion		EBRUAR		our and from the	
	17h SONATUI	12 les	le cer		m	ATTENDING PHYSICIAN			AN	_ ZZe DATI	Feb St
	214 PHYSICIAN	4'S MARKE CIME	/	7							CAL COMMA
	W.A.DI	ELACEY,	LT, MC, U	SNR		NATIONAL CAP	ITAL R	EGION,	BET	THESDA,	MD 20814
23a E	BURIAL, CREMA	TION, REMOVAL	2/15/86			EMETERY OR CREMATORY	23d LOCA	ATION ORTOWN NO	זאַרעייי	(ATTOTAL)	ATT A STATE

1804 T ST., N.W., WASHINGTON, D.C. 20009

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

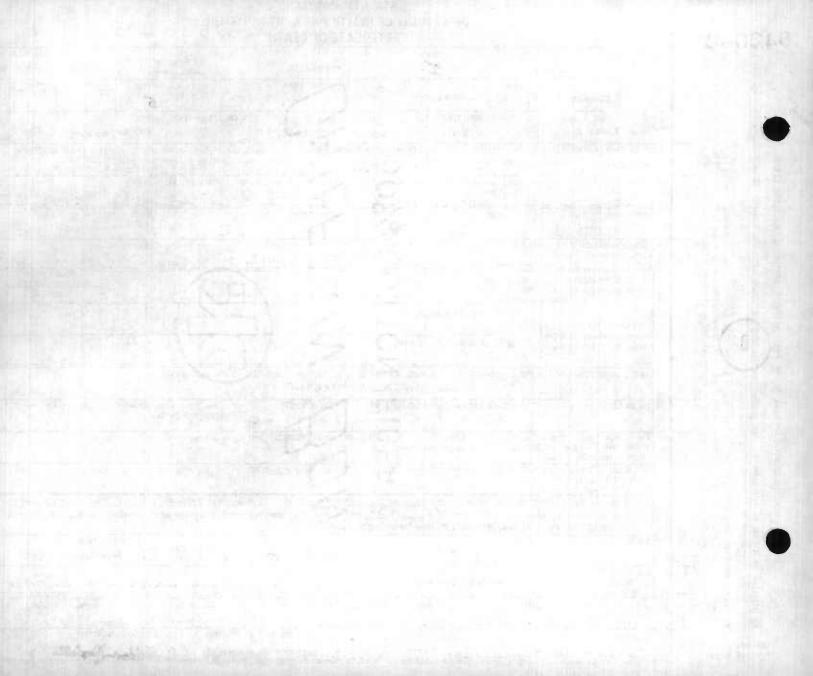
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FEB 20 1986



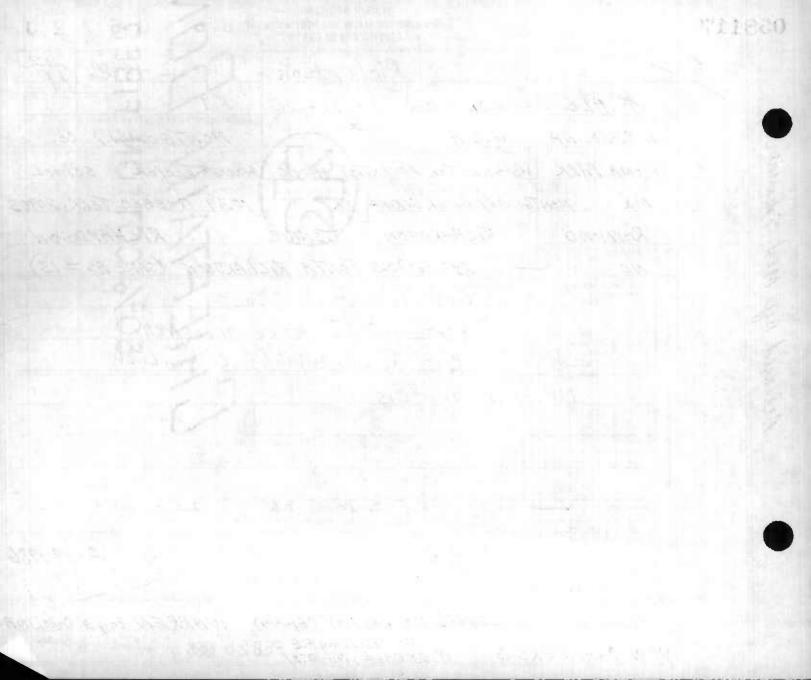
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 042062 20. DATE OF DEATH Middle Last 2b. HOUR **DECEASED-NAME** First (Type or print) RHODES J-DA 9300 N 1786 4. RACE 6. AGE (In years IF UNDER 1 YEAR 3 SEX S. DATE OF BIRTH IF UNDER 24 HRS last birthday) MONTHS FEMORE CAUCASIAN MAy 15,1900 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH eussia U-S.A. MONTCONEM. WIDOWED | DIVORCEDXX 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY

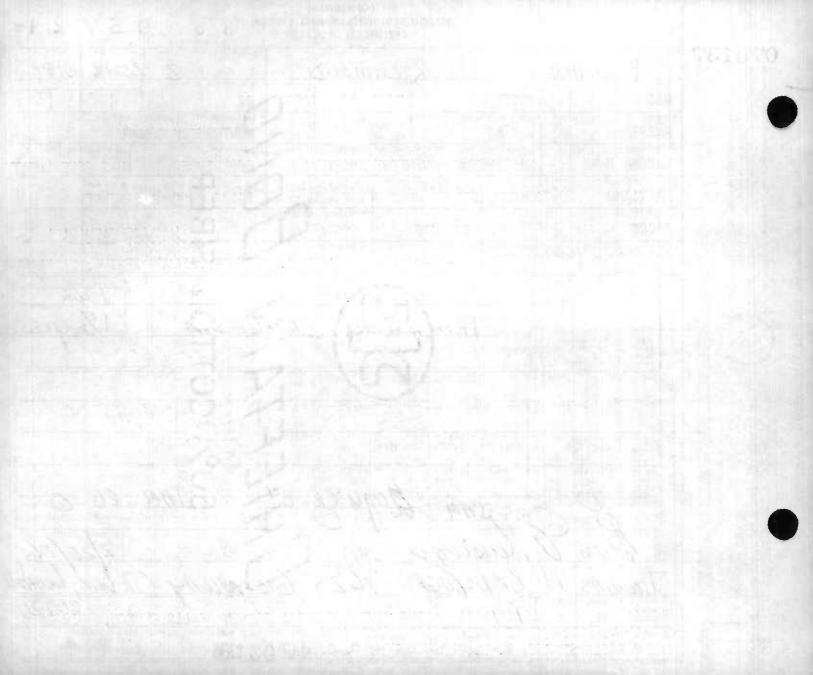
Mathematician (Ret) US Govt. give street address) ROGENIUZ, MANGEMED PRESTON STREET, BALTIMORE, MARYLAND 21201 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? YEXX NO Wheaton 11504 Regnid Dr, 20902 Maryland 4. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First David Itzkowitz Bessie Sinkler Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 064-07-8682 Israel Rotkin: 11504 Regnid Dr., Wheaton, Md 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Congestive Henry Falline 1 day. IMMEDIATE CAUSE (a) \_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Cenebrovasailer Accepent 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO R YES 🗀 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from sow the deceased olive on 1955, and that in (my) (corr) opinion death occurred on the date and hour and from the causes stated above, (I) (ma) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE Darry Deel MD. DEGREE MED.
DIRECTOR February 2, 1986 22e. ADDRESS 22d PHYSICIAN'S BARRY HELETS NAME (Type) 3929 FERMAND DRIVE WHEAPON, MARYLAND 20906 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify)
Burial Feb. 4,1986 Mt. Lebanon Cem.
Rock\*\*Plie, Md. 2 Hyattsville, Maryland

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 3/72 25M Danzansky-Goldberg Chapels; 1170 Rockville Piks OF 1098 4 Jin Kurden Rudell (VR A15 (4))



		STAT	E OF MARYLAND		
058117	FOR STATE		EALTH AND MENTAL HYGI	ENE 8 6	05/20
	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
/	1. DECLASED BLAME FIRST	MIDDLE	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3 11 2	Herber.	F RIC	hardson	2.	-18-86 7p. M
Ou Bill	1 5EX 4 RAC	S. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNIFER 24 HRS
rs age 4	MALE AM	ERICAN INDIAN II	- 22- 26	3-9 YR	
Pour Pour	70 BIRTHPLACE (STATE OR FOREIGN 76 CT	IZEN OF WHAT COUNTRY?	D & NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
Of or 172	N. CAROLINA	U.S.A. WIDOWE		MONTGO	MERY CO. MD.
I se with	10 CITY OR TOWN OF DEATH	IAME OF HOSPITAL, NURSING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
by the filled	TAKOMA PARK W	ASHINGTON ADVEN	Tist HOSPE.	GROUNDS KEEPE	- / /
A be	USUAL RESIDENCE (IF NURSING HOME OF OTHER	INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
10 2 mg	Md. MONTGO.	MERY SILVER SPRING	YES NO	1039 QUEL	BEC TERR. 20903
My design	14 FATHER'S NAME FIRST MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	MIDDLE	LAST
one one	RAYMOND	RICHARDSON	JENNIE	( ) (	ICHARDSON
dicol dicol	160 WAS DECEASED EVER IN U.S. ARMED F		17 INFORMANT	ADDRESS	
Pe e e	NO -	240-36-9023	TONTA RIC	HARDSON (S.	AME AS #13)
sich ol.	18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	couse per line lor 101, (b) and 101		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IMMEDIATE CAL	ISE (0) Cargiophin	onary A7	rest	
32 111	C	UE TO, OR AS A CONSEQUENCE OF	COMAN,		
	Conditions, if any, which gove rise to immediate	(b) PORTOSYSTA	EMIC ENC	EPHALOPATH	17
X W		UE TO, OR AS A CONSEQUENCE OF	10 12-1 1/	s; Circhorn L	3.00
N W		(c) WINTE HOLD	holic Hepallill	S, CITITION L	TOOP
31 9145		ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 10
A 1 1 1 1 1 1	190 DATE OF OPERATION 1	TIC FRICIOSIS	NI WAS DEDSORASED	20a AUTOPSY?   20b. IF	YES, WERE FINDINGS USED
2 1 1 1 D	JE 148 DATE OF OFERATION	50 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	INCE	RTIFYING CAUSES OF DEATH?
	210 ACCIDENT WAS UNDERLYING 2	16 TIME OF INJURY	121/ HOW IN ILIPY OCCUPER	YES NOW	YES NO
CIAN: I physical properties of the physical phys	OR CO. MANUAL OF CALIFE OF CALLEY	HOUR A.M. MONTH DAY YEAR	THE HOW INJOHN DECORRE	LO (ENTER MATURE OF INJURY IN HEM	18 PART   ORPART 2)
YSIC ling s cer went went	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  21	P.M. 19  le PLACE OF INJURY	21f LOCATION		
PHY then the bond A bon		AT HOME STREET, FACTORY OFFICE FARM ETC.)	STREET	CITY OR TOWN	COUNTY STATE
After os to start			-12-1086	10 2 ~18	= 19.8 6 that (1) (we) lost
OR OR LES	220 I certify that (I) (this haspital) at sow the deceased alive an	2-18-1986			hour and from the causes stated
RECT RECT Sed for or o	obove, (I) (we) (did) (did not) view 122b SIGNATURE	the body ofter death.	DEGREE		22c DATE SIGNED
the hort		me Bon	ATTENDING	MEDICAL STAFF	1 2-10.1001
HOSPITAL med by th FUNERAL vid be deto n the State	224 PHYSICIAN'S NAME (TYPE OF PRINT)			DIRECTOR PHYSICIAN	5 7 21
	G.M.DIN	M.D.	120 ADDRESS 65/0 Kes	willwarth Are	14 K LOVO
Of Share			EMETERY OR CREMATORY	123d LOCATION	31.17. 12 131
BP	(SPECIEV)	7-22-1986 Mt. BA	AT TARACT	CITY OR TOWN	AL A- N CARALIALA
	24 FUNERAL DIRECTOR		PIISI CEMELEL	REC'D BY REGISTRAR 256 REC	GISTRAR'S RIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	W. W. CHAMBERS	Co. PILEPDAL	EVELAND AVE FEI	B 25 1986	, Davidoon-Nonauco

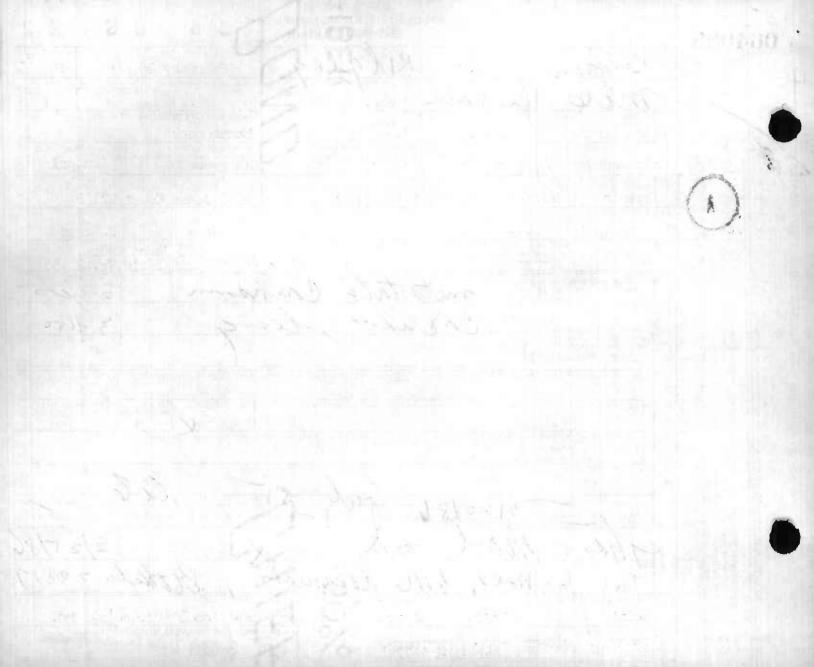




DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 064088 REGISTRAR REG NO 26 DATE OF DEATH MONTH 2b. HOUR 1986 February 24. 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX Feb. 2. 1914 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) U.S.A. Pennsylvania WIDOWED DIVORCED [ Montgomery 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Herman M. Wilson Health Care LITYPE OF WORK FOR MOST OF WORKING LIFE Gaithersburg Episcopal Clergyman SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

STATE

134. CITY OR TOWN. 9302 Jenna Court/22153 Springfield 13d. INSIDE CITY LIMITS? Virginia Fairfax FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Roberts Elizabeth Jane Benjamin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 9302 Jenna Court, 16h SOCIAL SECURITY NO Gwendolyn R. Jaffe-Springfield, Va. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (by and ) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INTURY TH LOCATION CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from that (1) (welfast saw the deceased alive an and that in (iny) (part opinion death occurred on the date and hour and from the causes stated (we) (did) (did not) view the body after 22h SIGNATURE DEGREE 22c. DATE SIGNED **ATTENDING** MEDICAL FIRECTOR PHYSICIAN PHYSICIAN. 224 PHYSICIAN'S NAME TTYPE OF PRINT 22e ADDRESS 234 NAME OF CEMETERY OR CREMATORY 23d OCATION 230. BURIAL, CREMATION, REMOVAL Burial 2/28/86 Cedar Hill Cemetery Suitland (Pr.Geo's whia Daydoon Mandall DHMH - 16 50M 4/83 Richard A. Coleman Funeral Home -Upper Mariboro, (VRA 15, 4)



51133	1.	FOR STATE	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI	ENE 8 6	0	5 7 2 3
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TAL OR y the ho y the ho RAL DIRE detached detached detached		226. SIGNATURE	5. Didler	M.D.		MEDICAL STAFF DIRECTOR PHYSICIA	1	DATE SIGNED 1986
TO HOSPITAL retained by t TO FUNERAL should be det with the State		Harold S.	Tidler, Md.		9801 Georgia	a Ave., Silv	er Sprin	ng, Md.
BD ⊢ ≥ ≥ ₹	23a. E	URIAL, CREMATION, REMOVAL BURIAL	23b. DATE 2-18-1986		EMETERY OR CREMATORY Washington	Ade1phi	Pr. Get	orges Md.

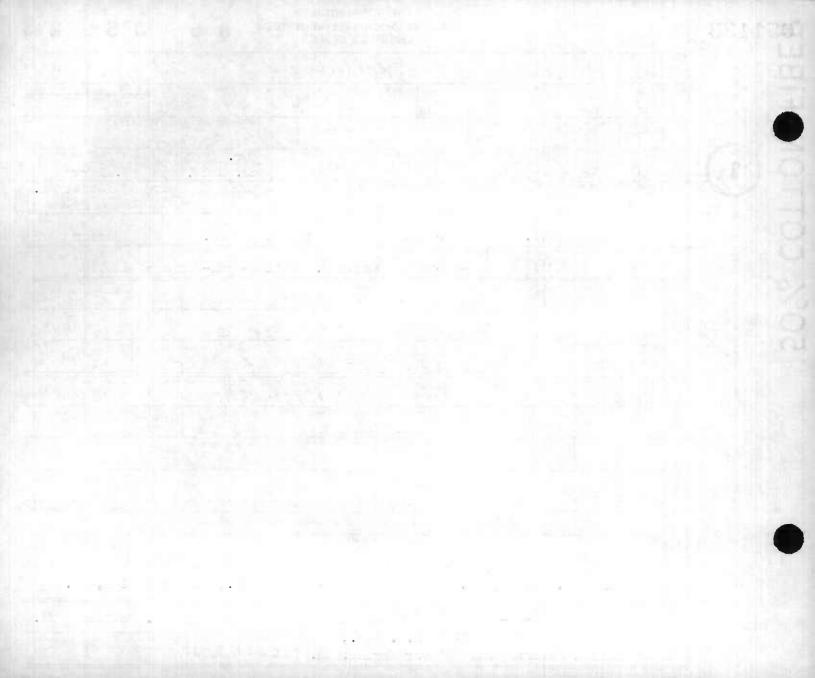
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

11800 N.H. Ave., 24 FUNERAL DIRECTOR

George Washington Ade1phi Pr. Georges .bM 750 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE FEB 1 8 1986

Hines/Rinaldi Funeral Home Silver Spring, Md.



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STATE OF	MARYLA
DEPARTMENT OF HEAL	TH AND M

ND ALTH AND MENTAL HYGIENE

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_		Theles?	of clewrity	mo			MEDICAL DIRECTOR PHY	SICIAN		2-13	146	
		Philip 9	chwartz_			1/2 ADDRESS	6105 Month	one p	d	Roch.	114,20	850
	23e B	URIAL, CREMATION, REM	OVAL 1236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION					

DHMH - 16 60M 7/84 (VRA 15, 4)

1170 Rockville Pike; Rockville, Md. 20852

Burial 2/14/86 King David Mem.Garden Falls Church; Fairfax; Va.

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE RECED BY REGISTRAN 250 REG

- FEB q 8 1920 (A. J. 1920

		500		STATE OF MARYLAND				
9028		FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6	0	5 7	2 6
m 4		CEASED NAME FIRST	WIDDLE	LAST		MONTH DA		26 HOUR
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Partitor (		lney	(IF NOT IN SUCH FACILITY, C	, NURSING HOME OR OTHER INSTITUTION GIVE STREET ADDRESS)  ry General Hospit	_ TYPE OF WORK FOR MOST O	F WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OF
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July 1	14. F.	ATHER'S NAME FIRST	WIDDLE	LAST 15. MOTHER'S MAIDEN	WIDDLE		0860 LAST	ī
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 044042 CERTIFICATE OF DEATH **FGISTRAR** CEASED NAME 20 DATE OF DEATH MONTH HE CHINAL FOWARD T. RYAN FEBRUARY 4, 1986 8:30 4 RACE SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR CAUCASTAN YEAR HOURS MALE 1915 SEPT 16. BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOMERY WASHINGTON D.C. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR PEPCO 12621 EPPING ROAD WHEATON SURVEYOR 13c. CITY OR TOWN 1134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARYLAND MONTGOMERY WHEATON 12621 FPPTNG ROAD 20906 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST ANDONE LAST MIDDLE RYAN GOIDTE FCTFIIF AMBERT 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 577-05-0653 WIFE SAME AS 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19 DATE OF OPERATION 20g AUTOPSY? 70b IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET AT WORK NOT WHILE 22a I certify that (I) (the hospital) attended the deceased from saw the deceased alive on Jan abave, (1) (wa) (and) (did not) view the bady after death (ww) apinian death accurred on the date and haur and from the causes stated **O'GNATURE** DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS RAYMOND BRADSHAW 23a. BURIAL, CREMATION, REMOVAL METROPOLITAN CREMATORY CREMATION 74 FUNERAL DIRECTOR FRANCIS J. COLLINS SOR JR. 500 UNIVERSITY BLVD. W. SILVER SPRING, MD. DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

TENNARY A. 1976 1 7 2 1 1 1 1 1 1 SELL. 16, 1012 10 Agai J. S. B. MATHATICA DAMESTON TO THE PROPERTY OF THE PARTY OF THE THE RELEASE TO STREET STREET, EX 2A BLVD THE TANK OF THE CARLES AND the section of the section of the section of the section of the 1 23 HORL LA SA BOWN AND THE PROPERTY OF THE PROPER ENUCTOR DISTRICT OF THE STITE OF THE TOPS ALEXANDER CONTINUE AS A STITE OF THE STIT FOR

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by the funeral director, page 3, tiled within 72 hours after death

the offending physician and c remove carbonpapers. Pages

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, ar other troumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

6

110	REGISTRAR			CENTIF	ICATE OF DEATH	REG. N	0.	100	7
	DECEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH		AY YEAR	2b. HOUR
	JU	AN CRUZ	SANTOS			FEBRUARY	18 1986	5	10:45 P
3.	SEX	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
L	MALE	CAUCAS	IAN	DECI	EMBER 17 1916	69	YRS.	JATTS DATS	mire.
7a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D X NEVER MARRIED	9. BALTIMORE CITY O	_		
Λ.	GUAM		STATES	WIDOWE	D DIVORCED	MONTGOM	ERY	County	MD.
710	BETHESDA		HOSPITAL, NURSIN HEACILITY, GIVE STREET A NAVAL HOS	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF RETIRED		INDUSTRY	S. NAVY
1		OTHER INSTITUTION NTY TGOMERY	GIVE RESIDENCE BEFORE  134 CITY OR TOWN  GAITHERS	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1048 WEST		DRIVE	20878
14	FATHER'S NAME FIRST  JOSE RIV	ERA SANT	OS		Maria	MESA CRUZ		LAS	ST
16	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
1	YES NO OR UNKNOWN) (IF YES, GIVES 19	88-1957	579-52-1	1220	MARGUERITE D	OREEN SANTO	OS,1048	B WEST	SIDE DRIV
TOTA CIBILDED	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, O  DUE TO, O  DUE TO, O  CONDITIONS CO	ITION FOR WHICH	NCE OF  NCE OF  DEATH BUT  OPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON 200 AUTOPSY?	20b. IF YES,	N IN PART IS	NGS USED
	18 FEB 86		ECTING AO	RTIC		YES X NO	YES	X	NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	HOUR A. P. 21e PLACE	m. month da m.	19	211. LOCATION	CITY OR TO		COUNTY	STATE
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	22b. Sight wife	nn	~			MEDICAL STA DIRECTOR PHYSIC	IAN	221. DATE 2-1	19-86
	R. L. FURMAN,		MC, USNR		NATIONAL CAP	HOSPITAL,			
	Bo BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1, +-	86 Ga	te o		23d LOCATION CITY OR TOWN Silver	Spri	ng, M	aryland
24	PA. 300 West M	T A. Plontg.	UMPHREY Ave. Ro	FUNI	ERAL HOMES ATE	EB 21 100	25b. REGISTR		TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

## 057090 CERTIFICATE OF DEATH REGISTRAR REG. NO LDECEASED NAME 20 DATE OF DEATH YVONNE SAUBER 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) August 22, 1903 Female Caucasian 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED England USA Montgomery File Clerk Rackville 4601 Adrian Street USUAL RESIDENCE (IF NURSING 13e.STREET ADDRESS / ZIP CODE 4601 Adrian Street Montaomeru Rockville Maruland A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sauber Goarao Lucu 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 13406 Grenoble Drive Nephew William J. Heneghan, Jr. Rockville, Md. 20853 579-48-8218 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and PART I. DEATH WAS CAUSED BY: FAILURE Conditions, if any, which gave rise to immediate cause (a), stoting the cause last underlying CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) The PLACE OF INJURY 21d INJURY OCCURRED 21f LOCATION CITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinian death accurred on the date and hour and fram the causes stated above, (1) (we) (did) (did not view the body after death, DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Richard P. Delaney, M.D.

4323 Havard Street, Silver Spring, Md. 20906 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Feb. 13, 1986 | Gate of Heaven

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

24 FUNERAL DIRECTOR Francis J. Collins Jr. 500 University Blvd. W. Silver Spring. Md. Silver Spring Montgomery Md.

IF UNDER ! YEAR

INDUSTRY National

20853

STATE

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Strobel

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21/2 YRS

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22c DATE SIGNED 2-11-86

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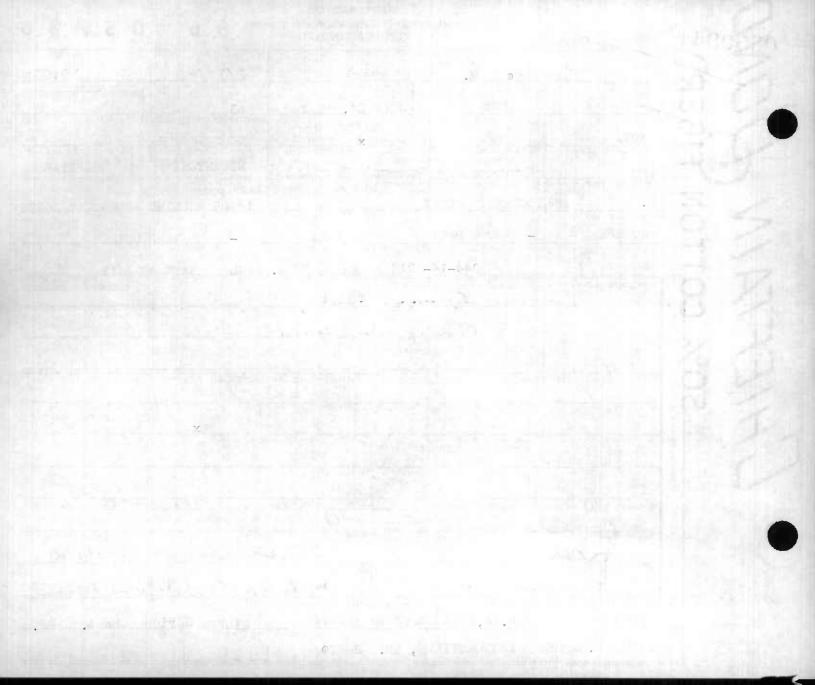
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STATE OF MARYLAND

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03.300		CRASED NAME FIRST		MIDDLE	Ł	ASI	20	DATE OF DEATH		AY YEAR	2b HOUR
1 11 /	1		eanore	М.	Scher	reck		02/14/86	5		10:01
1	3, 56		4 RACE		S. DATE C	F BIRTH		GE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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	6	IOWA	US	A	WIDOWE			Montgome	erv		MD.
( ast	10.C	ITY OR TOWN OF DEATH		HOSPITAL, NUR		R OTHER INSTITUTE		USUAL OCCUPATI		176 KIND O	OF BUSINESS OR
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24			ONTGOMERY	OLNEY		YES NO		18905 ROI		ACRES W	JAV 20831
4 18 /	[4. E	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIL	DENNAME	WIDOFE		LAS	
P #3/D1	2	JOSEPH	_	PECA		MARY		-	DVO	ORAK	,
000 FE 1	160.	WAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SE	CURITY NO	17 INFORMANT	SC371	ADDRE	SS		
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Clar printing of-tr		OR CONTRIBUTING CAUSE C	N DEATH	M. MONTH	DAY YEAR	1.1					
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SPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT		22d PHYSICIANS NAME	(FE OR PRINT)			22e ADDRESS					, , , ,
TO HOSPITAL retoined by t TO FUNERAL should be det with the Store IMPORTANT:		Jan 4	Jeiner 4	-0		4701	R	L RJ R	b.lle	1-120	KEY
5 a 5 d ₹ ₹	230	BURIAL CREMATION REMO		23	NAME OF C	EMETERY OR CREMA		3d LOCATION			7,2
BP		BURIAL	FEB.18			HEAVEN		SILVER S	pring	Mont	STATE Md.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR						D. BY REGISTRAR			
(VRA 15, 4)		FRANCIS H. BAR	BER LAYI	ONSVILL	E, MD.	20879	FFE	1 0 100	75	Jan Jan	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS FEBRUARY 25.1986 SCHRACK ELIZABETH 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS WHITE FEMALE MARCH 23, 1896" O BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. MONTGOMERY WIDOWEDIA O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR ROCKVILLE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 299 HURLEY AVE. 20850 MONTGOMERY ROCKVILLE MARYLAND 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME BLIMBERG ALTCE UNKNOWN JOHN ADDRESROCKVILLE. MARYLAND 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ROALD SCHRACK, SON, 609 McINTYRE ROAD, 20851 086-09-4836 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10 . (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 101 A CONSEQUENCE OF Carcinoma Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED CITY OR LOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC ) NOT WHILE 22a.1 certify that (1) (this hespited) attended the deceased from reo sow the deceosed olive on. and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did not) view the body ofter death DEGREE 224 DATE SIGNED 22b. SIGNATURE ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 86 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 809 VIERS MILL RD., ROCKVILLE, MD. 20851 PATRICIA D. KELLOGG. 234 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION ISPECREMATION "ALEXANDRIA, VIRGINIA METROPOLITAN CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

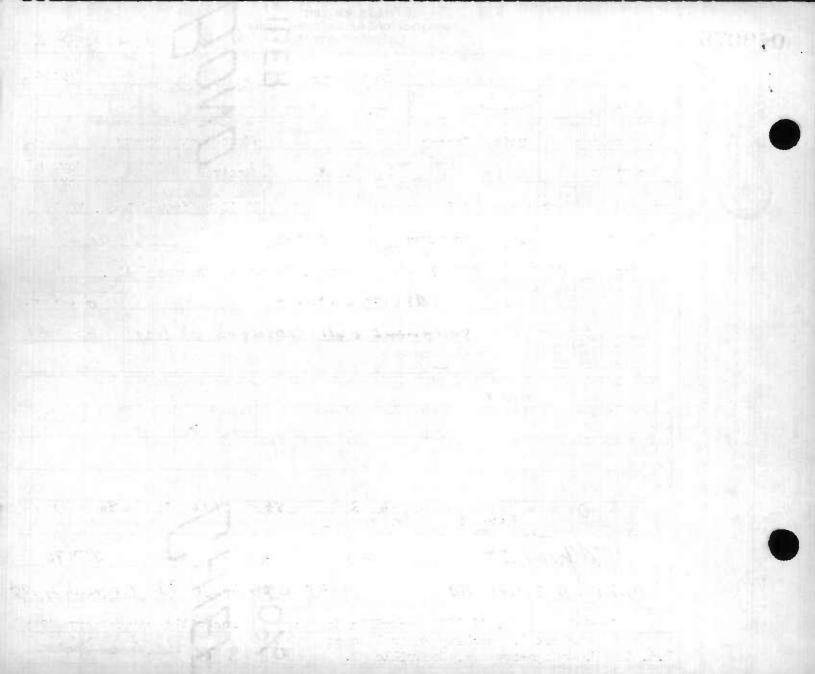
FOR

062067

24 FUNERAL DIRECTOR RICHARD RAPP, INC. 1804 T ST., N.W., WASHINGTON DEC. 20009 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

June Davidson Aandelle

and, is that a the 



REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
1 DECEASED NAME A L FIRST	MIDDLE	SELIGMANN	20 DATE OF DEATH MONTH	7/86	26 HOUR
3. SEX Female	4 RACE White	S DATE OF BIRTH August 22, 1892	6. AGE (IN YEARS LAST BIRTHDAT) 93 YRS	IFUNDER 1 YEAR	HOURS M
TO BIRTHPLACE (STATE OR FOREIGN	U. S. A.	8 MARRIED NEVER MARRIED WIDOWE XXX DIVORCED	9. BALTIMORE CITY OR COUNT MON TOOM		
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126, KIND O	

Rockville Hebrew Home of Greater Washington 13. STREET ADDRESS / ZIP CODE 6121 Montrose Road Rockville Montaomeru Maryland Ida Philipsohn Emil Bonwitt 166 SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT North Park Avenue, Flag Soliamann Chang Chara Manuland 2081

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DUE TO, OR AS A CONSEQUENCE OF BLEEDING AND PREYMONIA	
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			YES NOW	YES [	NO 🗌
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(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 1				
21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	own County	STATE

220 1 certify that (1) (this hospital) extended the

saw the dece above, (I) (we	osed alive on	ath. 19 26 f. and that in (my) (our) opinion death accu	rred on the date and have and from the causes states
22b. SIGNATURE	m 0-10	DEGREE	22c. DATE SIGNED

ı			THI SICIAN DIRECTOR PHI SICIAN	0
ı	22d. PHYSICIAN'S NAME (TYPE OF PRINT)		22e ADDRESS	
ı	D.D. PATEL	1	6121 MONTROSE RA ROCKVILLEMD.	208

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 231 NAME OF CEMETERY OR CREMATORY MOUNT LEBANON 2/9/1986 PINTY G .. Adelphi. Md. Md.

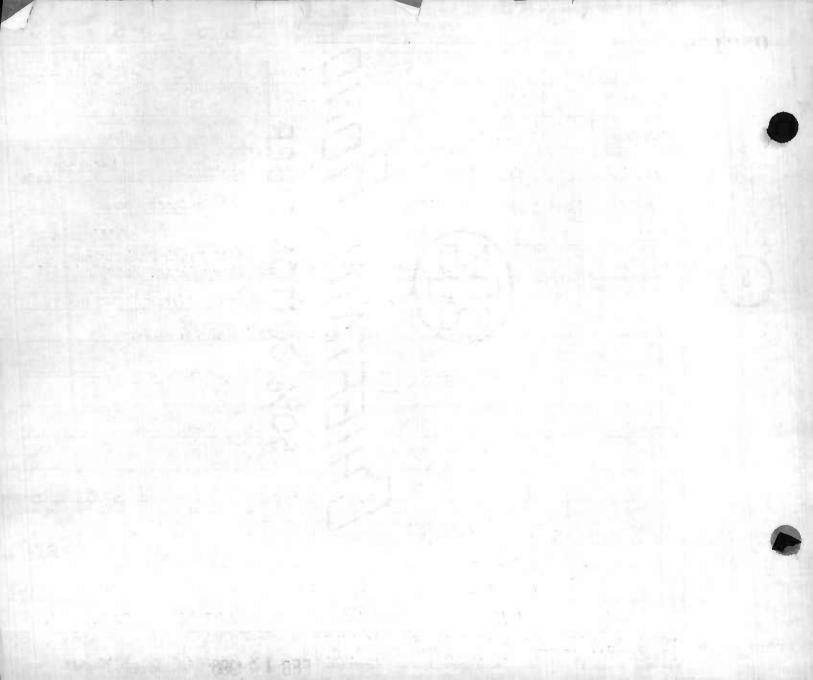
DONALD MI STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

(VRA 15, 4)

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DHMH - 16 60M 7/84

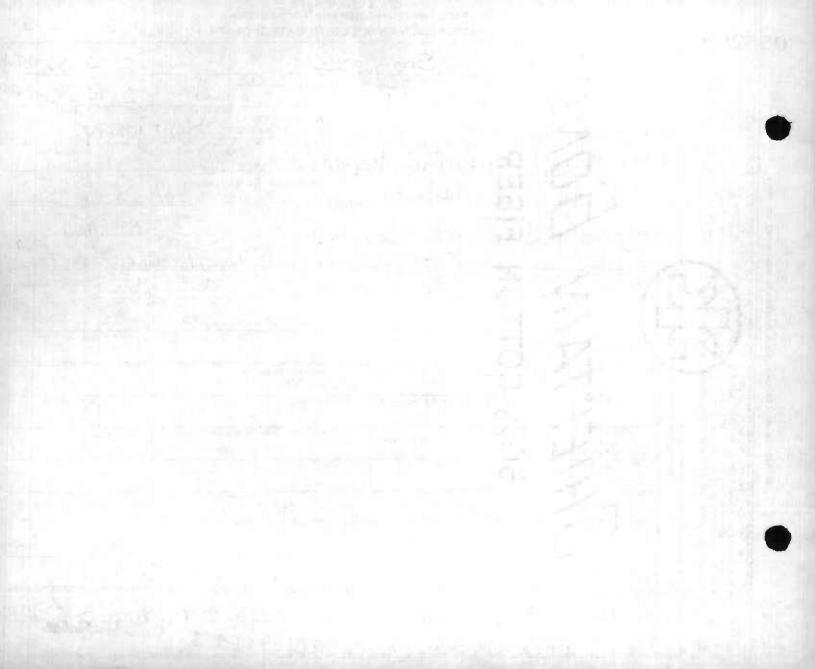


DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE 044088 CERTIFICATE OF DEATH REG. NO LEFECEASED NAME 20. DATE OF DEATH STAPE OF PRINCIS E 5310NS 12 06 1.5EX 6 AGE (IN YEARS LAST BIRTHDAY) YEAR Male White 81 04 THE BURTHPLACE INCHES FOR CONTRACT 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED MONT GOMERY County REORGIA DIVORCED [ Tita USUAL OCCUPATION
(IMPEOF WORK FOR MOST OF WORKING, LIFE)
Sales Promotion Gas Light Co BEI PRE HEALTH CARE CENT. NG HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 20906 3600 Gleneagles Dr Bldg 7 2-D Maryland Silver Spring Montgomery 15 MOTHER'S MAIDEN NAME MIDDLE Kicklighter Mack Sessions Mary LOIL 17 INFORMANT (Wife) ADDRES600 Gleneagles Dr 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 577-07-9255 Rena W. Sessions Silver Spring, MD ACDIO. 18 CAUSE OF DEATH Enter only one cause pe PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 103 A CONSEQUENCE OF HEONIL Conditions, if any, which couse total stating the A.S.C.V.D underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATIONS OR CONDITIONS GIVEN IN PART TROPA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21g. ACCEEN! WAS INDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH DESCRIPTION AND ALLEMANDES THE PUBLISH OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 THE D SOLVED E 220 I certify that (1) Ithis hospital) attended the deceased from and that in (my) (our) opinian death occurred on the date and hour and from the causes stated did not) view the body after denth DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS ONALD 230 BURIAL, CREMATION, REMOVAL 9, 1986 Elwood Cemetery 23d LOCATION North (SPECIFY) Burial Elwood Cemetery CITY OR TOWN Carolina Wayne Co 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES. DHMH - 16 50M 1/81 (VRA 15. 4) P.A. 7557 Wisconsin Ave., Bethesda, Maryland Lelia Davidon Randosa

STATE OF MARYLAND

200510 THE STEEL STREET PROPERTY STREET The same 

			STATE OF MARYLAND	
			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	7 3 5
05	5208		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH O	7 0 0
Class.	3400	J. DE	GEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN MONTH OF ESTI-	DAY YEAR 2b. HOUR
	発送性語			0 1986 7504
	PLEAS FRIEN STREET	3. SEX	X 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24 DATE MONTH	DAY YEAR 2d HOUR
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	공P Z 등 N	TISLLA	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	a in a single
21201	20258		STATE 136 COUNTY 135, CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS	37729
. 2	4 5 M O S		D.C. Washington YES NO 1931 Langtellow St.	WW 301
MD.	T- 5000	14. FA	ATHER'S NAME  IS, MOTHER'S MAIDEN NAME  FIRST  MIDDLE  LAST  LAST	LAST
ar H	28 - 101		James B. Shamwell Nellie Buck	man
Wo Wo	NS OF S	16a V	WAS DECEASED EVER IN U.S. ARMED FORCES?  166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  VES. NO. 98-UNKNOWN) (18 YES, GIVE WAR OR DATES)	#30
BALTIMORE,	ANTES 5		NO 579-07-4588 Vernese G. Shamwell 931 Longs	tellan St. N.W
	N N N N N N N N N N N N N N N N N N N		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
PRESTON ST.,	PERMIT ALL		PARTIDEATH WAS CAUSED BY: Cardia Resource and	BETWEEN ONSET AND DEATH
OT	THIN 24 PER ALON TER ALON TER ALON TER ALON TER ALON TER ALON TER ALON TERMOVAL	20	IMMEDIATE CAUSE (o)  ( DUE TO, OR AS A CONSEQUENCE OF	
ES	VER ANSI		Conditions, if any, which coronery autoriosclevoses	
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201 V	XAMII XAMII XAMII NENT		lying couse lost.	
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DIVISION OF VITAL RECORDS,	ENDING MEDICA AS A BI CREMA	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d.).	
ũ	AS A	2	Carcinema 6, 100=101	
7	HOULD WED "PE A HE.	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
Z X	WORD "I	E		YES NO
Ö	EUEDEO -	8	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART UNDERLYING OR	2)
NO	CERTIFICATI ITING THE V DED TO THI E 3 SHOULD DEPARTMENT OF PRIOR TO	3	CONTRIBUTING CAUSE OF DEATH P.M. 19	
/IS	EN SPERI	MEDICAL	21d INJURY OCCURRED  21e PLACE OF INJURY (ATHOME, 21f LOCATION  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY	
ō	VRITIN VRDED VRDED GE 3 S GE 3 S TE DEF	¥	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY OF TOWN	NTY STATE
	E, V RW/ RW/ STA STA STA			
	MINER: DE FOR ECTOR: TH THE Y		220 I certify that I taak charge of the remains described above, held on Autapsy , Inspection , Inquiry , and in my apin	nion
			death resulted from: Natural couses . Accident ., Suicide ., Hamicide Undetermined manner,	
	CERT CERT CERT CERT CERT MARY		ACTUAL ACTUAL TITLE (SPECIFY)	18-11-5
	CAL EX. THE CER. SHOULD		SIGNATURE MEDICAL EXAMINER SIGNED	1000
	NO SEE LEE		EXAMINER'S NAME CONTINUE TO BEE SELECTIONS (10)	DUP
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M	The Control	(TYPE OR PRINT) ADDRESS B 2 1 3 CT 20 12 CO N S 1 10	2006
	EDSE49	23a. B	BURIAL, CREMATION, REMOVAL 236 DATE 23, NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OF JOHN	Y A STATE
07/B4	BP		Burial 12/13/86 Wincoln Memorial Part Suitland Prince	Grave MI)
1 Jasky	DHMH - 17	24 FI	UNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS	NAME OF THE PARTY
	(VR A15 ME (5))		Johnson & Jenkins trinegal Home 716 Krandy St. Ny FEB 19 1980	
		The same of the sa		



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DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

REGISTRAR

DECEASED NAME

126 KIND OF BUSINESS OR Technician Electronics 13.STREET ADDRESS / ZIP CODE 2102 McAuliffe Drive/20851 Czyzewska ADDRESS 193-22-0974 Vesta M. Sharp, same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4-6 PART 2. OTHER SIGNED AND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE BERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TO NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) CITY OR TOWN COUNTY STATE , and that in (my) (our) opinion death occurred on the date and have and from the causes stated 221 DATE SIGNED DIRECTOR PHYSICIAN 50 West Edmonston Drive Rockville, Maryland 20852 230 BURIAL, CREMATION, REMOVAL 236 DATE Feb. CITY OR TOWN 13, 1986 Metropolitan Crem. Alexandria, Virginia 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home's DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE - y war drive down fandall 300 W. Montgomery Ave. Rockville, MD PA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

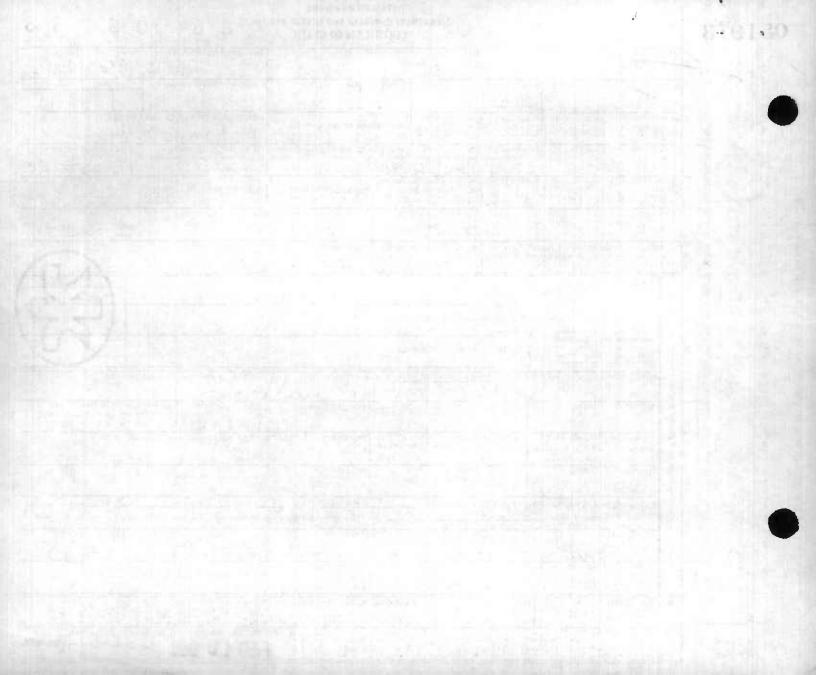
2b. HOUR

IF UNDER I YEAR

COUNTY

IF UNDER 24 HRS

20 DATE OF DEATH



## FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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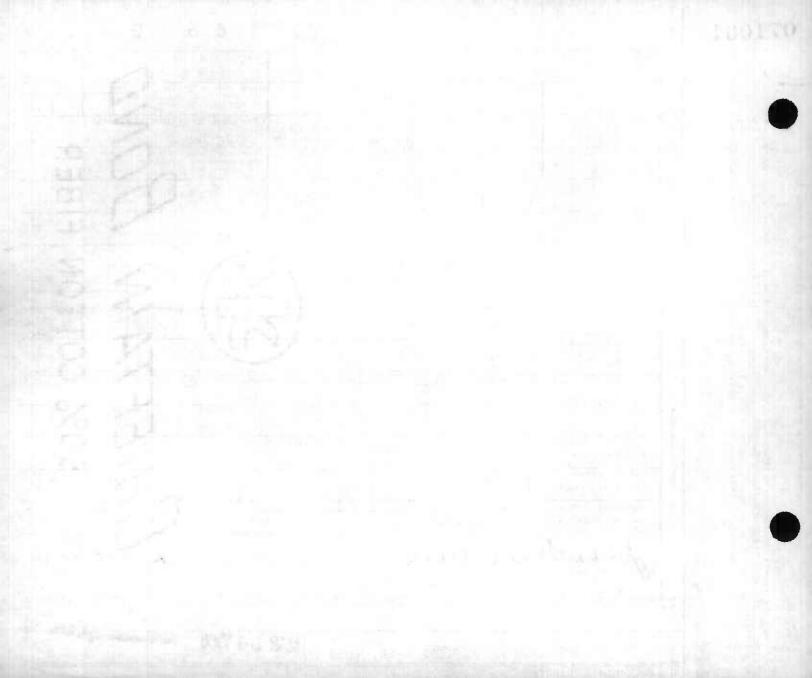
PRESION SI., BALIMORE, MARTLAND 21201	5
the death certificate be executed within 24 hours after death. Page 4 may be	le 4 moy be
Internating physicion and campletely filled in by the funeral director, page 3 mere cabon papers. Pages 1 and 2 should be find within 72 hours after death an enemoyal.	ctor, page 3 s offer death

NERAL DIRECTOR: After this certificate has been along by the unitarity of bbys be detached for use as the buriol-transit permit. This is play the company of some Department of the company of the buriol hand Mannal Hygiene prior rabbus events as a remove TANT. If here 21 is marked or them 18 shows one.

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W

ı	REGISTRAR		CI	RTIFICATE O	F DEATH	REG. N	0.	-	, ,
t	1 DECEASED NAME FIRST	MIDDLE.		LAST		20. DATE OF DEATH		Y YEAR	2b. HOUR
١		N MICHAEL S	HEA		11/3/11/2	FEBRUARY 2	6 1986		2:20 PM
ì	3. SEX	4 RACE		DATE OF BIRTH		6 AGE   IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
	MALE	CAUCASIAN		UGUST 24		55	YRS	INTHS DATS	HOURS MIN
1	PO BIRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8	ARRIED X NEV	ER MARRIED	9 BALTIMORE CITY O	R COUNTY O	F DEATH	
	MASSACHUSETTS	UNITED STA	TES  w	DOWED	DIVORCED [	MONTGOME	RY		MD.
1	0 CITY OR TOWN OF DEATH	11 NAME OF HOSPITA	L, NURSING H		NSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST CO		12b. KIND C	OF BUSINESS OR
1	BETHESDA		AL HOSP			RETIRED		U.S.A	RMY
1	USUAL RESIDENCE HE NURSING HOME OR 130. STATE 138 COUN		Y OR TOWN		E CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	4	19999
1	VIRGINIA FAIR	FAX ANN	ANDALE	YES 🗌	NO 📉	7310 STATE		DRIVE	22003
1	FATHER'S NAME	WIDDIE	LAST	15 MOTH	ER'S MAIDEN NAM	AE MIDDLE	1 3	141	ST
1	JOHN FRANC					RUDE CLAIRE	DALY	143	,,
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY	NO. 17 INFOR	MANT	ADDRE	SS		11-2-1
l			1-22-89	88 NATA	LIE A.SHI	EA,7310 STA	TECRES	T DRIV	/E .
ľ	18 CAUSE OF DEATH (Enter on	ly ane cause per line for i	o), (b), and (c)	- A K		VA 22003			MATE INTERVAL ONSET AND DEATH
I	PART I. DEATH WAS CAUSE	E CAUSE (a) META	STATIC	ADENOCAR	CINOMA				
I		DUE TO, OR AS A C	ONSEQUENCE	OF	1 1 10		100		
1	Conditions, if any, which	( 1b)	ONSEQUENCE	Or					
ı	gove rise to immediate cause (a), stating the	DUE TO, OR AS A C	ONICEOUENICE	05	1				
l	underlying cause last.	DUE TO, OR AS A C	ONSEQUENCE	OF					
ı	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBU	TING TO DEAT	H BUT NOT RELA	TED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
ł	ZO	7 1 3 7 3	CTON IT	1					
1	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FO	R WHICH OPE	RATION WAS PER	REORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED
ı	1					YES (X) NO	YES ]		OF DEATH?
1	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW	INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PARI	T I OR PART 2)	
l		in	NIH DAY	19					
۱	(IF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	210. PLACE OF INJU	RY	211_LOC/	ATION	CITY OR TO		COUNTY	
ı	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO	DRY, OFFICE, FARM, E	itc)	KEEI	CITY OR TO	WN	COUNTY	STATE
1	22a 1 certify that (I) (this hospit	ral) ottended the deceos	ed from FE	BRUARY 1	1 19 86	to FEBRUAR	Y 26, 19	86	that (I) (we) lost
ı	saw the deceased alive an obove, (I) (we) (did) (did not	FEBRILARY 2	6 19 86	, and that in (r	ny) (aur) opinion d	eath accurred on the do	ate and have a	ind from the	couses stated
1	22ª SAGNATURE	/ /	am.	DEGREE				22c. DATE	SIGNED
ı	(danie)	WHILA	Lun		ATTENDING PHYSICIAN TO	MEDICAL STAP	FIANIS	27	78886
1	22 YSICIAN'S NAME ITYPE OF		<u>CM</u>	22e ADD		HOSPITAL,			
l	J. M. GUINE	E, LT, MC,	JSNR	NATI		ITAL REGION			
T	230 BURIAL, CREMATION, REMOVAL	23b. DATE		OF CEMETERY C		23d LOCATION			
I	BURIAL	3/3/86		IGTON NA		ARLINGTON		COUNTY	I BGINI A =
1	24 FUNERAL DIRECTOR				25 co D Artis	RES DIBYORRA	and the same of th		A STATE OF
1	DEMATNE FUNERAL H	IOMES, INC A	LEXANDE	RIA, VIRO	FINIA	0 x 1900			100
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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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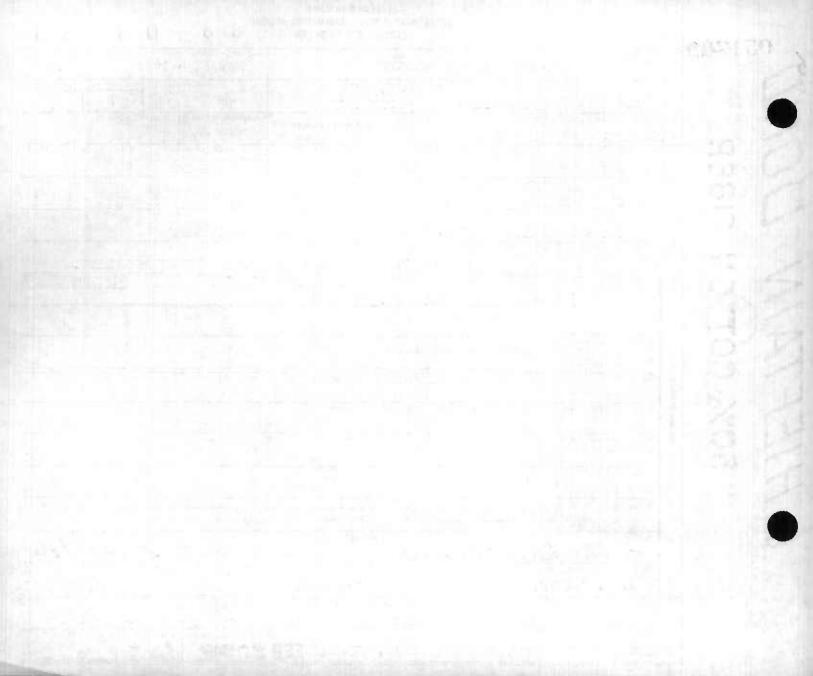
	REGISTRAR				CLITTI	ICATE OF DEATH	REG. NO	O. 4		4	-
	CEASED NAME E OR PRINT)	PATR		BCOCK SHI	ERWOOI	)	FEBRUARY		AY YEAR	6:2	
3. SE	х	4	RACE		5 DATE C		6. AGE   IN YEARS LAST BIR		FUNDER TYEAR	IF UNDER	
1	FEMALE		CAUCAS	IAN	MA	7 6 1924 YEAR	XXX	61 YRS.	ONTHS DAYS	MOURS	MIN.
	IRTHPLACE (STATE OR F	OREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8	X NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH		
	INNESOTA	1	UNITED	STATES	WIDOWE		MONTGOMI	ERY			ME
	ITY OR TOWN OF DEA	тн 1		H FACILITY, GIVE STREET	ADDRESS)	HOSPITAL	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWI)	F WORKING LIFE	12b. KIND O INDUSTRY	F BUSINE	
13a :	AL RESIDENCE (IF NURSI STATE LRGINIA	IS COUNT	TY		(N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 8803 LYNNI	ZIP CODE	DRIVE	94	31
14 F/	ATHER'S NAME FIRST CLIFFO		REVE BA	BCOCK, SF	3	15. MOTHER'S MAIDEN NA/ FIRST THE	ME MIDDLE CLMA PETERSO	ON	LAS	Ť	
	WAS DECEASED EVER	IN U.S. ARM	AED FORCES?	16b SOCIAL SECU		17. INFORMANT	ADDRE				
- (	NO NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	472-20-9	9773	JOHN W.SHERWO	OD. 8803 LYN	r DRIVE.			
CERTIFICATION	Canditians, if ony, gove rise to imm cause (o), stating underlying cause	which nediote g the last.	DUE TO, OI	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON		N IN PART 10		
IFIC	DAIL OF GLERA	1014	The Colver	mort or which	OFERANO	WASTERI ORMED	YES NOW		ING CAUSES		H?
	210 ACCIDENT WAS UND		216. TIME O			21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUI				J
0	(IF EITHER NOTIFY MEDIC		HOUR A.	M. MONTH DA M.	AY YEAR 19						
MEDICAL	216 INJURY OCCURR	ED	P.I 21e PLACE ( (AT HOME, STR	M. OF INJURY EET, FACTORY, OFFICE, F	19 ARM, ETC )	211 LOCATION STREET	CITY OR TO		COUNTY	5	TATÉ
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MEDIC	(IF EITHER NOTIFY MEDIC  21d INJURY OCCURR WHIE NOT WHAT WORK  220 I certify that (I)  saw the decease above, (I) (we) (d)  22b SIGNATURE	ALEXAMINER)  RED  RED  (this hospitor do live on _ did) (did not)	21e PLACE (AT HOME, STR	M. OF INJURY LEET, FACTORY, OFFICE, F deceosed from LY 4 19	19 ARM. ETC.)  FEBRUA  86, an	211 LOCATION STREET  ARY 3 19 86 Indicate the time (my) (our) apinion of the composition	CITY OR TO  FEBRUAI  Jeath occurred an the do  MEDICAL STAI  DIRECTOR □ PHYSIC	WN A . 1 to and hour stands	9 86 , and from the	that (I) (v causes sta SIGNED	ve) las
WEDIC	(# EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY AT WOR 22a.1 certify that (I) saw the decease above, (I) (we) (d	ALEXAMINER)  THE CONTROL CONTR	P. P	M.  OF INJURY  BET, FACTORY, OFFICE, F  e deceosed from  Y  4  19  offer death	19 ARM. ETC.)  FEBRUA  86, an	211 LOCATION STREET  ARY 3 19 86 Indicate the time (my) (our) apinion of the composition	to FEBRUAL  death occurred an the do  MEDICAL STAF DIRECTOR PHYSIC  HOSPITAL	RY 4. 11 ofte and haur	9_86_, and from the 22 / MEDICA	that (I) (v causes sta SIGNED SIGNED	ve) loss
230 8	(IF EITHER NOTIFY MEDIC 71d INJURY OCCURR WHIE NOT WH AI WORK NOT WH AI WORK OR 720 I certify that (I) sow the decease above, (I) (we) id 72b STGNATURE	(this hospitod dolive on id) (did not)	P. P	M.  OF INJURY  DET, FACTORY, OFFICE, F  e deceosed from  Y 4  ofter death  C , USNR	FEBRUA 86 , an	211 LOCATION STREET  ARY 3 19 86 d that in (my) (our) apinion of DEGREE  ATTENDING PHYSICIAN [ 27e ADDRESS NAVAI	to FEBRUAL  death occurred an the do  MEDICAL STAF DIRECTOR PHYSIC  HOSPITAL	RY 4. 11 of the and hour of the and hour of the and hour of the and hour of the and th	9_86_, and from the 22 / MEDICA	that (I) (v couses sto SIGNED AL CO MD 2	ve) la

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGINIA



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 070219 - STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME FIRST Harry LAST Shoup 2a. DATE OF DEATH MONTH E. 26 HOUR (TYPE OR PRINT) 4/RACE IF UNDER 1 YEAR 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HPS 1909 Male White Dec. 6 BIRTHPLACE TO CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED Montgomery WIDOWEDE DIVORCED | O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR LITTE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Gift Shop Owner Washington Adventist Hospital Retail Takoma Park USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1136. COUNTY
1137. CITY OR TOWN 136 COUNTY 130 STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 8201 - 16th Street/20912 Silver Sprin MD Montgomery 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Holiday Elva B. Albert Shoup 351700 Bahlia Lane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Albert W. Shoup, Baltimore, MD 21220 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which neumonia gove rise to immediate couse to stating underlying couse CATION 190 DATE OF OPERATION N CERTIFYING CAUSES OF DEATH? YES | NO! 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M MEDIC 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 22s I certify that (II (this haspital) attend and that in (my) (our) opinion death accurring in the date and hour and from the causes stated DEGREE 22¢ DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNER of the Sta MPORTANI

23¢ NAME OF CEMETERY OR CREMATORY

Parklawn Memorial Park

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR JOSEPH GAWLET'S SONS, Inc. 5130 Wisconsin Ave, NW, Washington, D.C. 20016 (VRA 15, 4)

3/3/86

23e BURIAL, CREMATION, REMOVAL

(SPECIFY)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Rockville, MD

STATE

23d LOCATION

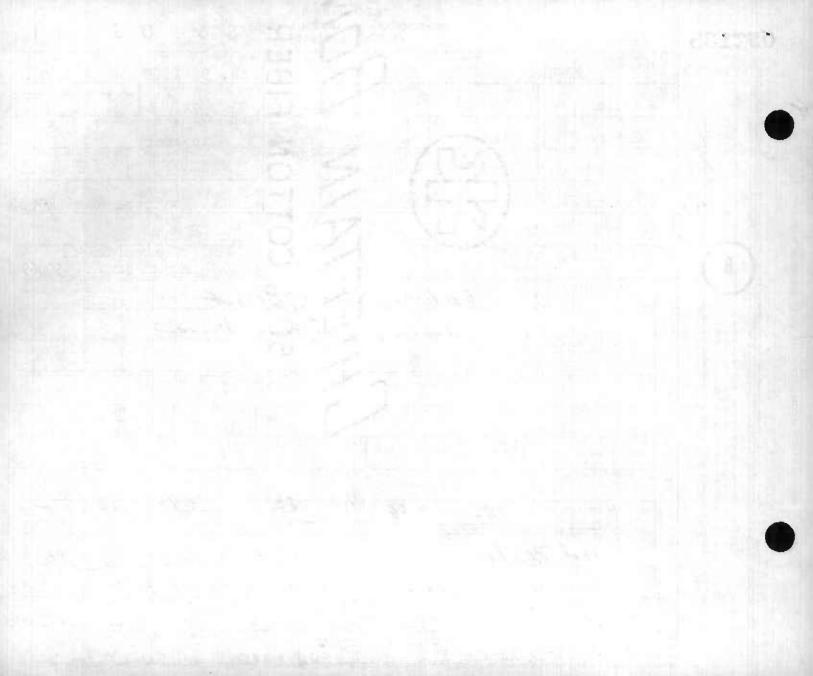
Pict , B .ond of billion of 1919 Itales Temp coss file Intimed Interest normations | particulated a - tainet reviil years from it is any -- Jane SOUTH CONTRACTOR Alburt W. shown, Salestone, To Maste

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J. illir Lee's Tons Co. 3CC 4th St. M.R. 50.

521	38	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	NTAL HYGIE	ENE 8 6	0 5	141
			CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH		EAR 25 HOUR
may be page 3 ter death		(1177)	STEL	LA	SIEGEL	150	Feb. 9, 1	1986	5:40p.m
r po		3 SE		4 RACE	5. DATE OF BIRTH	YE AR	AGE (IN YEARS LAST BIRT	MONTHS	DAYS HOURS MIN
recto			Female	White	Nov. 5, 1898	3	87	YRS	
death Pounded	97		RTHPLACE (STATE OR FOREIGN COUNTRY) Russia	75 CITIZEN OF WHAT COUNTRY?  USA	MARRIED WEVER MAR	RCED 🗌	Montgo	omery	MD
by the filed with	20		Bethesda	111. NAME OF HOSPITAL, NURSI INF NOT IN SUCH FACILITY, GIVE STREE Suburban H	ospital		120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF HOUSEW)	F WORKING LIFE) INDU	IND OF BUSINESS OR ISTRY
in 24 hours y filled in hould be	35			or other institution give residence before UNTY 13% CITY OR TOV ntgomery Rocky		LIMITS?	30 STREET ADDRESS / 6111 Mc	ZIP CODE Ontrose	Road 2085
ofed with	15		Gershon	Gordo		ST.	(unknow		LAST
p p	1		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES!				lywood, C	
o o	1/			only one couse per line for (a), (b) of SED BY:		Stege	L; 8919 Har		et 90069  APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
equires that the death ce n signed by the attending Then please remove cort	r to buriol, cremotion, or injury, or other froumatic	NOI	Conditions, if ony, which gove rise to immediate cause (a., stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	DENCE OF	THE TERMIN	NAL DISEASE OR CONF	DITION GIVEN IN PA	ARI lio
he law r tan. has bee	Sows ony	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORME	ED	200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	
ig physic certificate	tem 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		19 21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	ART 2)
offending free this	rked or 1	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY OFFICE.	FARM EIC ) 21f LOCATION STREET		CITY OR TO	WN COUN	NIY STATE
spital or CTOR: A	of Healt		sow the deceased alive of	pital) attended the deceased from. 7 19 nat) view the body after death.	ond that in (my)	opinion de	ath occurred on the do	te and hour and fro	that (1) (we) lost
y the hory the horder and DIRE	tate Dept		Catal :	Bender	PHY:	ENDING	MEDICAL STAF	FIAN 2-	DATE SIGNED
TO HOSPI etoined b TO FUNE should be	MPORTAN		22d PHYSICIAN'S NAME (TYPE CAROL I	L. BENDER, M.D			Georgetow		aryland Rockvill
BP	_		Burial, CREMATION, REMOVA	2-13-1986 B	name of cemetery or cremeth David Ce	emeter		it, L.T.	
DHMH - 16 60 (VRA 15,			nzansky-Goldbe	Rocky rg Chapels; 1170	illa Marriland	250 DATE	REC D. BY REGISTRAR	25b REGISTRAR'S SI	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR NMI 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5 DATE OF BIRTH 3 SEX MONTH BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [ Montgomery 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR LE CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Miller Buick Mechanic Rockville USUAL RESIDENCE (IF NURSING HOME OR OTHER HAT BUT CHANGE DEFORE ADMISSION) 130 STATE 13a STREET ADDRESS 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Counts Silcott Marv George Spiceberry Lane, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) Gaithersburg.Md. 20877 227-03-65LOA Barbara Allen No APPROXIMATE INTERVAL BETWEEN ONSET AND DE AT 18 CAUSE OF DEATH (Enter only one cause per line on a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to: Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART JO 9a DATE OF OPERATION WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 LIF FITHER NOTHEY MEDICAL EXAMINERS P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN IMPORTANT 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the S 0 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE CITY OF TOWN (SPECIFY) BP. Gate of Heaven Cem. Burial Silver Spring Montg 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83

Gaithersburg.Md.2087

(VRA 15, 4)

Gartner Sandison F.H.

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REG. NO.		~	1	90

	/1.	FOR STATE REGISTRAR		DEPARTA		FICATE OF DEATH	IENE 8 6 0	5 7 4 3
56018		CEASED NAME FIRST		MIDDLE	100	LAST		DAY YEAR 26 HOUR
ge 3 eoth	(1146)	ANDREA	.S		SI	MITZIS	FEBRUARY 20, 198	36 11:00Am
mo)	3 SE		4 RACE		S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	M.	ALE	WHITE		SEPT	EMBER 18, 1932	53 YRS	WONTHS DAYS HOURS MIN.
nerol din	70. B	RTHPLACE (STATE OR FOREIGN REMASTOS, Greece	GREECE	WHAT COUNTRY?	MARRIE WIDOW!	DEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY MONTGOMERY COUN	
s offer d	)0 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A	ADDRESS)	OR OTHER INSTITUTION  ENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF BRIGADIER GEN.	176. KIND OF BUSINESS OR INDUSTRY  ARMY
filled in thould be remised	USU 13a	AL RESIDENCE (IF NURSING HOME O STATE 13b COU REECE	ROTHER INSTITUTION		ADMISSION)		13e STREET ADDRESS / ZIP CODE PAIAMIAL 15	
mpletely ond 2 st		ATHER'S NAME FIRST EMITRIOS	WIDDIE	SIMITZIS	S	AIKATERINI MO	MIDDLE	LAST
Poges 1	160 \	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	None	RITY NO.	17 INFORMANT	ADDRESS SIMITZIS (WIFE)	SAME
sicio opers od.		18 CAUSE OF DEATH (Enter o	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
a phy on po emo	33	PART I. DEATH WAS CAUSI	2 DAYS					
deoth ce ottending love corb otion, or r roumotic		Conditions, if ony, which gove rise to immediate	DUE TO, O	R AS A CONSEQUE		OCYTOMA		2 MONTHS
that the d by the ease rem ol, creme or other t		couse (o), stoting the underlying cause lost (c) ABDOMINAL ABSCESS						3 WEEKS
requires. Then por to bur to bur vinjury, or	CATION						NAL DISEASE OR CONDITION GIV	EN IN PART 110
n. no bermin ne prin ws on)	FICA	190 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	
physicio physicio ficote h tronsit 18 sp		FEBRUARY 6, 1986 ABDOMINAL ABSCESS  YES NOW YES OF NO THE PROPERTY OF THE PROP						
PHYSICIA tending pl this certif the buriol-t ind Mentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE  216 INJURY OCCURRED  WHILE NOT WHILE	P. P. PLACE		19 ARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
VTENDING spitol or of CTOR. After for use os to of Health of 121 is mork		270 1 certify that XII (this hash	FEBRUAR  View the body	RY 20 19 8	JANUA 36 or	RY 15, , 19 86 and that in [Xy) (aur) opinion d	to FEBRUARY 20.	19_86, that (IX(we) lost rand from the couses stated
TAL OR A ty the hoi tal DIREC detoched ore Dept		Donald Donald	C. W	) nighte		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	FEB. 20, 198
SPIT SPIT STAN		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	0		220 ADDRESS NATION	AL INSTITUTES OF	HEALTH, 9000
OH OH		DONALD C. WRI	IGHT, M.	D.		ROCKVILLE PIK	E, BETHESDA, MAR	XYLAND 20892

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial/Transit 2/22/86

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

5130 Wisconsin Avenue, NW, Washington, D.C. 20016

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ober G. Harris

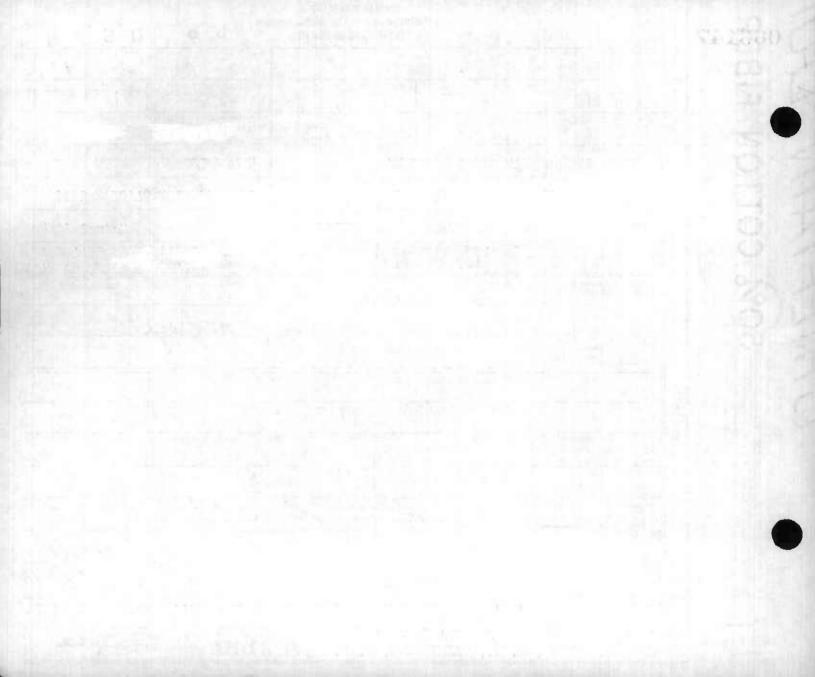
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	L-DEC	CEASED NAME	FIRST	- A	AIDDLF	1	AST		20 DATE OF DEATH	MONTH	DAY YEAR	76 HOUR	
9		OR PRINT)	Eni	Jea <b>n</b>			Skiados	3	THE DATE OF DEATH	5 5	536	33	0
	3. SE>	×	- 777	4. RACE			OF BIRTH	16	AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER TYEAR	IF UNDER 2	
1	-	Female		White		May	19 19	AR DIL	74	YRS.	MONTHS DAYS	HOURS	MIN,
9		RTHPLACE (STATE OR F	OREIGN	6 CITIZEN OF V	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARK	IED T	BALTIMORE CITY O	R COUNT	Y OF DEATH	TOU	
1		ashington,	D.C.	U.S.A	1.	WIDOWE			monTG	omo	ERY (	20	MD
7	III CI	TY OR TOWN OF DEA	ATH				OR OTHER INSTITUT		170 USUAL OCCUPATI		126 KIND O.	EBUSINES	
Ų	-	hevy Chase		Bethesda		ent &	Nursing	Cen.	Clerk	F WORKING LI	Court	A STATE OF THE PARTY OF THE PAR	1
S	Tio S	AL RESIDENCE (IF NUR	13P CON		GIVE RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  113d. INSIDE CITY L		IMITS?	13e.STREET ADDRESS	ZIP COD	E 9 /2	2041	1	
-	NO.	rginia	Fair	fax	Falls Ch	urch	YES NO		3701 S. Ge	orge	Mason D	rive	
D	FA	THER'S NAME FIRST	A	AIDDLE	LAST		15 MOTHER'S MA	IDEN NAM	E MIDDLE		LASI		
C		James			Charuha	s	Angel	iri			Lampo		
9		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS			
$\supset$		No	10 125, 0142	WAR OR DATES	578-03-7	337	John J.	Char	uhas. Same	as i	tem 13.		
9		18 CAUSE OF DEAT	H (Enter onl	y one cause per	line lar (a), (b), an	dicit			. 1	4	BETWEEN	MATE INTERV	AL EATH
		PART I. DE ATH W		CAUSE (0)	De	hud	ration	av	d Aner	119	3	3 da	45
И				DUE TO OF	AS A CONSEQUE	NCE			$\sim$				Q-
ų		Canditians, if any,		(b)_	1		arcinom	a) c	of Jane	reas	1	1 6	ear
		gave rise to imm cause (a), statin		DUE TO OF	AS A CONSEQUE	NCE OF			1			U	
		underlying couse	last.	(c)	AS A CONSEGRO						160		
4		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	NTRIBUTING TO I	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GI	VEN IN PART 110	31	
	CERTIFICATION		P	0326	le ou	stor 1	alin	pu	luman				
-	S	190 DATE OF OPERAT	ION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PEREORME	D	20a AUTOPSY?	206. IF YE	S, WERE FINDIN	IGS USED	12
×,	E	June	1985	(0	ircinome	N O	f Van	creas	YES NO NO		ES [	NO [	17
5	8	710 ACCIDENT WAS UND		216. TIME OF	FINJURY M. MONTH DA	YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2)		
9	3	OR CONTRIBUTING		P.A		19							
	WEDICAL	216 INJURY OCCURE	RED	71e PLACE C	OF INJURY EET, FACTORY, OFFICE, F		21 LOCATION	The state of	CITY OR TO	WN	COUNTY	STA	ATF
	2	HILE NOT WH	RK -	(AT HOME, SIKE	ELI. PACTORY, OFFICE, P	ARM EIC J	SINCE		2				
М		22a I certify that (I)	(this hospita	att attended the	deceased from_	Oc	lober 15	28	-,	narya		that (I) (wa	e) last
	10	saw the decease abave, (1) (we) (a	ed alive an	Fe Dru	ary 2419 8	C or	nd that in (my) <del>tour)</del>	-apinian de	eath occurred an the do	ite and hai	ir and Iram the c	causes stat	ed
		276-SIGNATURE	. 5	CC			DEGREE				77c DATES	SIGNED	198
	18	John	1 1.	rista	Ason	^	(1) ATTEN	DING ICIAN X	MEDICAL STAN	IAN []	Febi	ruary	25
1		776 PHYS CIAN'S NA	ME (TYPE OR	PAINT)	U	. ~	22e ADDRESS	480	Wiscon		Avenu	10	
		John	J. (	rusia	fson, ^	いり	Chevy	cl	rase, Mc	1.	20815		
		URIAL, CREMATION,	REMOVAL	236. DATE	730 1	NAME OF C	EMETERY OR CREM	ATORY	73d LOCATION		COUNTY	STA	16
		Burial		2/27/1	.986 G1	enwoo	d Cemeter	y	Washing	ton D	C.	STA	ite
					's Sons	Inc.			REC'D BY REGISTRAR		TRAR'S SIGNATI	JRE	
	51	130 Wisc.	Ave.,	N.W. Wa	sh. D.C	•		FE	B 2 7 1986	graha	Davidon	Mande	

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052119	Ŀ	REGISTRAR			MIDDLE		ICATE OF DEATH	REG. NO.	0 3	7 -7	
be de		ECEASED NAME TE OR PRINT)	ALF	RED	AJAM	51	ATER	20. DATE OF DEATH MONTH		6 03	315 A
ge 4 may be ector, page rs ofter deat	3. SE	x Male		RACE White	77071111	5. DATE O	DF BIRTH h 25% 1906	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER		DER 24 HRS
heoth. Pag		SIRTHPLACE (STATE OR COUNTRY)		16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED C	9 BALTIMORE CITY OR COIL	UNTY OF DEA	1	MD.
by the fu	Ga	ithersberg		Shady G	rove Adve	ntist	Hospital	126. USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORK Insurance Exe	ing life) 12b. K INDU Cut ve	Self	Empl
n 24 hau filled in hould be	130 Ma	STATE  Tyland	13b. COUN	ROTHER INSTITUTION NTY GOMERY	Give residence before 13a. CITY OR TOW Gaithers	N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 12720 Esworth	y Road	20	878
mpletely ond 2 sl	] 14_F	ATHER'S NAME Michael	Slota	MIDDLE	LAST.		15. MOTHER'S MAIDEN NA.	ME (Thavai	lable)	LAST	
A CONTRACTOR OF		WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. AR	RMED FORCES? VE WAR OR DATES! ONE	232-03-4		17. INFORMANT Anna F. Slat	er,12720 Eswor		ersbur ad	g, Md
quires that the death signed by the attend hen please remave co a buriol, cremation, jury, or other troums	N	Conditions, if ony gove rise to im cause (a), stoti underlying coust	mediate ng the lost.	DUE TO, O	R AS A CONSEQUE	INCE OF	m influit	NHAL DISEASE OR CONDITION	N GIVEN IN PA	days	
The law recicion.  te hos been sit permit I giene prior t	CERTIFICATION	190 DATE OF OPERA		19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FERTIFYING CA	AUSES OF DE	
G PHYSICIAN: Tottending physicial remains certificate in this certificate is the buriol-trans and Mentol Hygines and Mentol Hygines are all in the certification in the certifica	MEDICAL CES	218. ACCIDENT WAS UN OR CONTRIBUTING  {IF EITHER, NOT IF Y MED  21d INJURY OCCUR  WHILE NOT WAT WORK AT WORK	CAUSE OF DEA	HOUR A.	OF INJURY .M. MONTH DA .M. OF INJURY REET FACTORY OFFICE, F.	19	211 HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITE	M IS PART I OR PA		STATE
OR ATTENDIN he hospitol or of DIRECTOR Aft oched for use of 5 Dept. of Health if hem 21 is mor		220 I certify the (1) saw the decease 22b. SIGNA UNI	this hospi		ne deceased from	36	DEGREE	death occurred on the date and	226.	DATE SIGNE	
of HOSPITAL etoined by the TO FUNERAL should be derived the Stote with the Stote IMPORTANT:		22d. PHYSICIAN'S N	AME (TYPE C	DR PRINT)	0)		PHYSICIAN DIESE ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN [		219186	
P 2 € 3 ≦	2	BURIAL, CREMATION,	11	Feb.12	2,1986 R	lock C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Washington	, DC DC		STATE
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR I					Jash. DC - EB	E RECA. BAREOISTRAR 256. RE	GISTRAR'S SIG	GNATURE	.30.

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	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYO	8 6	0	5 7	67
		CEASED NAME FIRST NARY	lary CANV Ca		AST Smith	REG. N		1986 2	b. HOUR
	3 SEX	FEMALE	1 RACE WHITE	S. DATE C		6. AGE (IN YEARS LAST BI	YRS.		FUNDER 24 HRS
1		RTHPLACE (STATE OR FOREIGN STA	TO CITIZEN OF WHAT COUNTRY	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	MON1		ER >	MD.
	10. CI	RETITESDA	11. NAME OF HOSPITAL, NURS	T ADDRESS)	DN RD.	128 USUAL OCCUPAT		IZE KIND OF I	
5	13a. S	MD MON	OTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13C CITY OR TON TGUMENY BETH	WN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS PARKS	ZIP CODE	D,	20816
(	2	HENRY 1	THOUNEY MICH	CAIN	15. MOTHER'S MAIDEN NA	MIDDLE MIDDLE	I	EN	1655
		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES?  166 SOCIAL SEC  579-46-	URITY NO.	17 INFORMANTEME PETER	SMITH	22.5	THESDA	
		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), a D BY: TE CAUSE (a)	nd (c+1	PNEU	MONIA			SET AND DEATH
41		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF	STRUCTIVE PUL			10	yas
	NOIL	CONGE		rt i	FAILURE		1100		
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	206 AUTOPSY?		PERE FINDING IG CAUSES O	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1111	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART ?)	
	MEDICAL	21d INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	210. PLACE OF INJURY	FARM ETC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		saw the deceased alive an abave, (I) (we) (did) (did no	tal) attended the deceased fram FFR 4 19	86,00	MAR 19 65 id that in (my) (cort) apinian	death accurred an the d	ate and have an		at (1) <del>(we</del> ) last uses stated
		22b. SIGNATURE 77/	mainwr	ay,		MEDICAL STA	FF IAN []	220. DATE SI	7.86
		22d. PHYSICIAN'S NAME (TYPE OF	nac Murr	AY	1 2 2 - 1	W MEXIC	o Avi	E, M	De
	1	Burial Burial	2/11/86 Ar	lingto	emetery or crematory on National Co		ngton, Y		STATE
		JNERAL DIRECTOR JOSE 130 Wisconsin Av	oh Gawler's Sons	D.C.	20016 FR	TE REC'D. BY REGISTRAR	W	S SIGNATUR	

STATE OF MARYLAND

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•	1			STATE OF MARYLAND			
	11.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	m pue	4 0
057101		REGISTRAR		CERTIFICATE OF DEATH	O REG. NO	D. U 5 /	90
1		CE ASED NAME EXE	MIDDI5.	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
eath be	1	- JAMES	NORMAN	SHOTHERS	FeU 1	5,1986	3:10A M
moy moy	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
s of	1	MALE	Black.	2 15 186	1/2 Ris	YRS.	17 3/
Pool House	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY O	R COUNTY OF DEATH	
4 00 2 3 h	11	Karyland	U-S.A	WIDOWED DIVORCED	MON	TGONERY	MD.
P 2 7 7	10 C	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATE		OF BUSINESS OR
g + + p / 50	E	SILVER SPRING!	HOLY (ROS		N/A -		A
212		AL RESIDENCE (# NURSING HOME OR		RE ADMISSION) WN 1136 INSIDE CITY LIMITS?	113e STREET ADDRESS	ZIP CODE	
No State 24	2		e George Greent			NEH-ZZL PR	20.720
This was		ATHER'S NAME	000000	15. MOTHER'S MAIDEN NA	ME		
MAR Shape	1	James No	sman Fers	uson HARIEN	1) Den	1se Smo	THERS
RE,			MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INEGRMANT JAMES FERG	ADDRE	SS DAGO DO O	0 110
Ow .	-	YES, NO OR UNKNOWN) (IF YES, GIVE	e war or dates)	JAMES FERG	USUN 2444 I	ROSS RD. S.	S., MU
THE CONTRACTOR		18 CAUSE OF DEATH (Enter on	ly one cause per line far (a), (b), a D BY:	nd (c).)		APPRO	OXIMATE INTERVAL IN ONSET AND DEATH
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or to	CERTIFICATION						
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AL The Cion.	T E				YES NO	YES 🗌	NO 🗌
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death centraling physician.  In this certification been signed by the attending printing of completely filled in by as the burnel strains. Then please remove carb, capping filled in by the and Mental Hygiene prior to burnal, cremation, an employed purely that the medical strains of them 18 shows any injury, an other traumatic event, the medical strains of the strains of them 18 shows any injury, an other traumatic event, the medical strains of the strains of	MEDICAL	214 INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TO	WN (OUNTY	STATE
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A Se Heb		220 I certify that (1) (this haspit saw the deceased alive an	tal) attended the deceased from	, and that in (my) (aur) apinian	donth resused on the de		_, that (1) (we) last
AATTI Ospit d for d for m 21	1	obave, (1) (we) (did) (did no	t) view the body after death.	DEGREE	dealli occorred di ine de		TE SIGNED
OR DER		22b. SIGNATURE		ATTENDING	, MEDICAL STAI		
HAL by the State detail	-	22d PHYSICIAN NAME (TYPE O	> Kefale M	PHYSICIAN 22e ADDRESS	DIRECTOR   PHYSIC	IAN   71.	5/86
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MP O TO H	-		- Kefeli.		- International		
		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY ETROPOLITAN CREMATO	RY ALEXAN	DRTA COUNTY	VA
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DHMH - 16 50M 4/83	(9)	NAME FRANC	CIS J. COLLINS	500 UNIV. BLVD.	EB 24 1986	The real factors	n- Handell
(VRA 15, 4)		WEST STILLED	CDDTNC NO 0.	1001		U	

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FOR 1 - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CEKIIF	ICATE OF DEATH	REG.	NO.	2 ,		
	CEASED NAME FIRST	A	AIDDLE	l	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
(11)	Richa	ard 2	A. S	Snow	len		02/15	5/86	11:0	0
3. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2	_
1	male	Black		Nov	. 23, 1905	80	YRS	MONIHS DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		10
	MD	USA		WIDOWE		3/ 1	nery			M
0 0	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA			126 KIND OF BUSINESS O	
(	Olnev	Montgo	Labore		Monte	q. Co	٥.			
13e.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN MON	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOW Silver	ADMISSION)	DYES NO DE CITY LIMITS	3401 No			2090	06
1		MIDDLE	LAST		15 MOTHER'S MAIDEN	MIDDLE		LAS	1	
1	Benjam					dney Lyle:	lney Lyles			
	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN)  [IF YES, GIVI	MED FORCES? E WAR OR DATES)	218-30-4		Asbury R. S	39 Goo	od Hope ver Spri	Rd.	D	
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	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OF	RAS A CONSEQUE	NCE OF			0	9	0	
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411	210 ACCIDENT WAS UNDERLYING	NG CAUSE OF DEATH HOUR A.M. MONTH			21¢ HOW INJURY OCC	URRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)		
MEDICAL CE	(IF EITHER NOTIFY MEDICAL EXAMINER)	P./								

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

LODISH 236 DATE 230 BURIAL, CREMATION, REMOVAL Burial

2-19-86

23c NAME OF CEMETERY OR CREMATORY Daisy Cemetery

DEGREE

22e ADDRESS

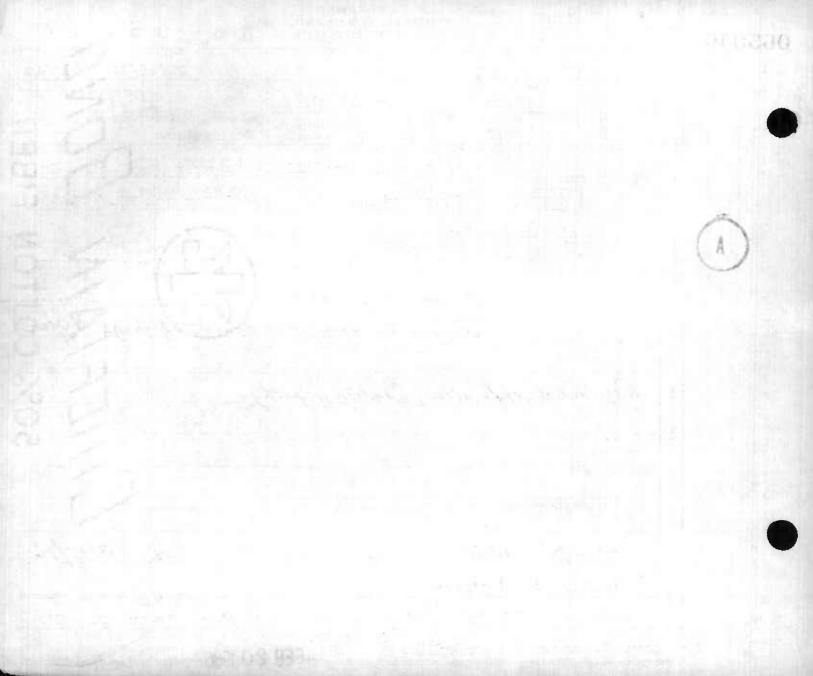
23d LOCATION Daisy

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

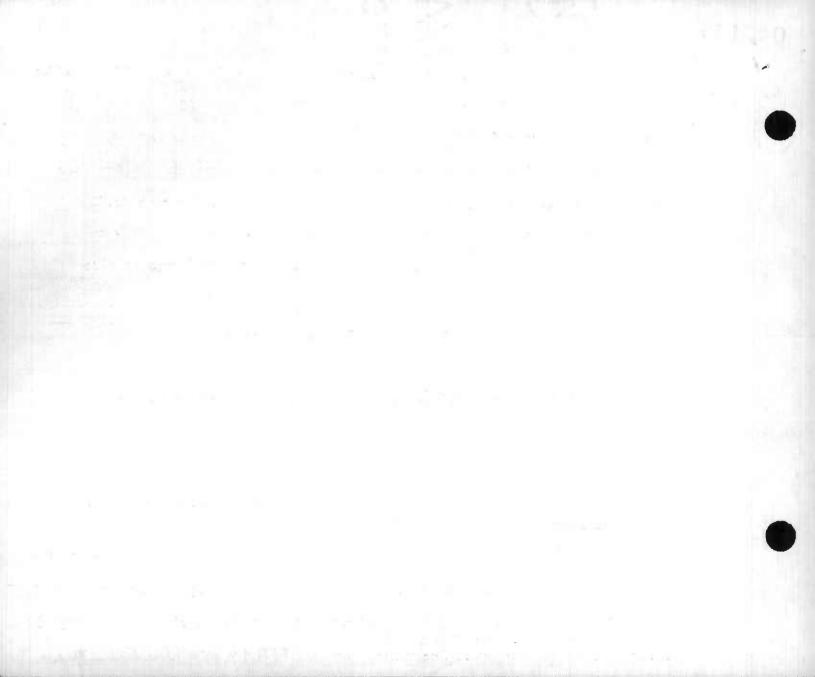
Howard Co. MD

22c DATE SIGNED

24 FUNERAL DIRECTOR George R. Snowden 246 N. Washington St. Rockville, MD 20850



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE DECLASED NAME Liman Myrtezan Sokoli LITTE OR PRINT) ESTI DEATH MATED SEX IF UNDER 24 HRS DATE PRONOUNCED DEAD MARRIED NEVER MARRIED Albania USA DIVORCED B CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION BartenderRestaurant 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Mirtezan Sokoli Haxhije Razie 17. INFORMANTE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Sheffield Ave. Spotswood, (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Dalife Lala (Niece) N.J. Yes Armv CAUSE OF DEATH (Enter anly ane couse per line for (a) b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Canditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO L 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram. Suicide Homicide Undetermined manner AGE 4 SHOWER DIRE TITLE (SPECIFY) Seminary Rd.S.S.Md. 1919 VER'S NAME John S. Rogers, MD TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c PY PEMMEEN GREENER'S 23d. LOCATION Burial Nat. Memorial Park Falls Church, Virginia 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 11800 New Hamp. Ave. **DHMH - 17** Hines/Rinaldi Silver Spring, Md. (VR A15 ME (5))



50079	1 -	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 5 7	5 2
ט ויינים		EASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
5 d	-PTYPE	ORPRINT) Mar	v C		Spencer	February 9	, 1986	5:10pm
20	3. SE >		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	IF UNDER 1 YEAR	IF UNDER 24 HRS
rs of		Female	Caucasian	Nov.	25, 1891	94	YRS MONTHS DAYS	HOURS MIN.
Tol dir		RTHPLACE (STATE OR FOREIGN OUNIRY)	The citizen of what country?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO		
thin thin		TY OR TOWN OF DEATH	United States 11. NAME OF HOSPITAL, NURSIN	G HOME C		Montgomer 126 USUAL OCCUPATION		MD. OF BUSINESS OR
d the	Ве	thesda	(IF NOT IN SUCH FACILITY, GIVE STREET A		BETHESDA	Homemaker		Home
filled ould b	13a. S	TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		13e.STREET ADDRESS / ZIF 4400 East V	CODE Vest High	nway/208:
completely 1 and 2 sh	4 FA	THER'S NAME  John	Keohane	1	Katherin	ne	0'5	
Pages 1	6a \\  Y	(AS DECEASED EVER IN U.S. ARI	F WAR OR DATEST		Roger H. S	ት ሽሽኝ( Spencer Derv	D1 Bowie	Mi 11 Roa 20855
physicio npopers moval.			ly one couse per line for (a), (b) and D BY: E CAUSE (a)	اجزاً	failur	0		IMATE INTERVAL ONSET AND DEATH
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r signed Then ple to burio njury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART 1	a
t permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WASTERFORMED	200 AUTOPSY? 20 IN	b. IF YES, WERE FINDI CERTIFYING CAUSES YES	NGS USED S OF DEATH?
ol-trons ol-trons otol Hyg em 18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART ?)	34 1
and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TOR: Att		220 1 certify that (1) (this haspit	tal) attended the deceased from	Ø'Z	nd that in my our) opinion	death occurred on the date of	, 19, and from the	tho (we) lost couses stated
at DIREC eroched ite Dept.	<	THE CONATURE	Anada 1	2x	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/ DATE	9/86
TO FUNERAL should be det with the State IMPORTANT:		John B.	Umkau 1	ND	270 ADDRESS (C)	nn Ave 1	Chan Ch.	so Mel
of s M		URIAL, CREMATION, REMOVAL	reb.		f Heaven Ce	23d LOCATION CHYORTOWN Silver S	Spring, M	12081 laryland
1 - 16 60M 7/B4	24 FL	NERAL DIRECTOR Robert	A. Pumphrey F Ave. Bethesda.	uner	al Home 850 DAT	B 1 4 1985	REGISTRAR'S SIGNAT	

STATE OF MARYLAND

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ge 4 mo	3. SEX	omale	PAU CASI	AN Jun	0-0	87 YRS	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
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by the fu	Ker	or town of DEATH	Kensington	Gardens	Nursing Home	170 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE HOMEMAKEY	126 KIND OF BUSINESS OR INDUSTRY  at home
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maryl ited within gnd 2 s		HER'S NAME Hollis	B. Sc	cates	15 MOTHER'S MAIDEN NA FIRST  Laura	E.	Whittier
TIMORE execution of the pages o			F WAR OR DATEST	72-9638	Jean S.Preec	ADDRESS e(Daughter) Same	e as #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA ING PHYSICIAN: The low requires that the death certification.  The low requires that the death certification is certificated by the other certification os the burial-transfer permit. Then please remove current permit and Mempal Hygierae prior to burial, cremation is retification orked or item 18 show) any injury, or other froumatic result.		Conditions, if any, which gove rise to immediate cause to immediate the underlying cause lost.	D BY	TEOUT CE OF	ate Henry lass	Fallere L Distrze	Brivets one I and Death 3 FORE I and Death 3 FORE I and Death 4 Company 4 Company 4 Company 5 Company 6 Co
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O HOSPITAL OR ATTER etoined by the hospital TO FUNERAL DIRECTOR should be detoched for a with the State Dept. of H	1	SE AATURE	cas .	300	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	and from the couses stated  22c. DATI SIGNED  2/17/96
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ВР	751	emation	2-17-1986		Crematory	CITY OR TOWN	rict of Columbia
DHMH - 16 60M 7/84 (VRA 15, 4)		veral director Vm. Lee's Sons C	0.300-4th St		25e DAT	E REC'D. BY REGISTRAR 256 REGIST	

June 3, 1898

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T.W. Let's data to 3 Mark St., NY, Mark., 320002 Delication

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STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

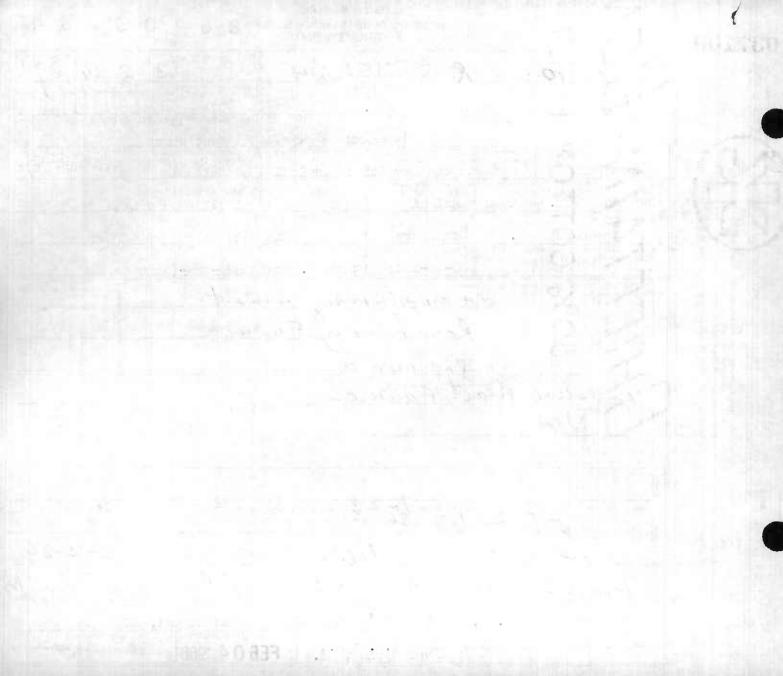
		REGISTRAR				- 111		REG. NO.		
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	3 327	Male		ite	Feb	DAY	1909	77		OURS MIN
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ĺ	M M	aryland Pr.	Seorges	13c. CITY OR TOV	WN	13d. INSIDE C	NO [	13e STREET ADDRESS / ZIP COI 10111 Phoebe		83
2	14 FA		MIDDLE	LAST			MAIDEN NAM	AE MIDDLE	LAST	
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2	N		E WAR OR DATES)	183-01-5					10.	
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		saw the deceases the any above, (i) (west did (did no	I view the body	olth death. 19-	86	id that in (my)	out) opinion d	leath occurred on the date and he	our and from the cou	nes stated
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d	Hi	nes4Rinaldi Fun	eral Hon	ne silve	O N.H.	Ave Md.	FF		Abundan-10	

Silver Spring, Md.

FEB 04

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



ADDRESS Wash., DC USA

2617 Pennsylvania Ave. S.E.

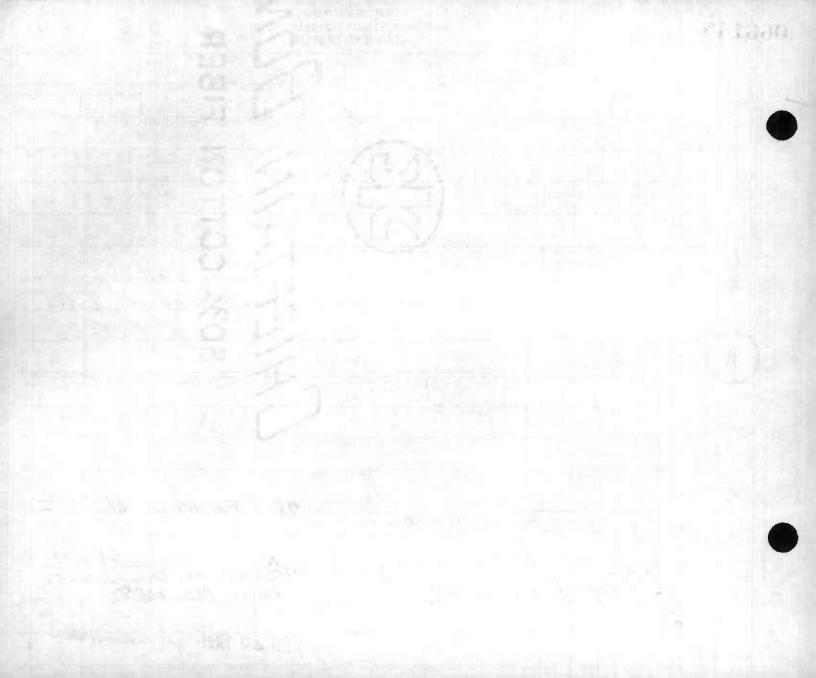
STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

24 FUNERAL DIRECTOR

ALEXANDER S. POPE

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY) Burial

FOR

- STATE

24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc. "5130 Wisc. Ave., N.W. Wash. D.C.

2/6/1986

Glenwood Cemetery

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE CID Co 4000 L. M. Krisha Bridge

Washington D.C.

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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COUNTY

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20903

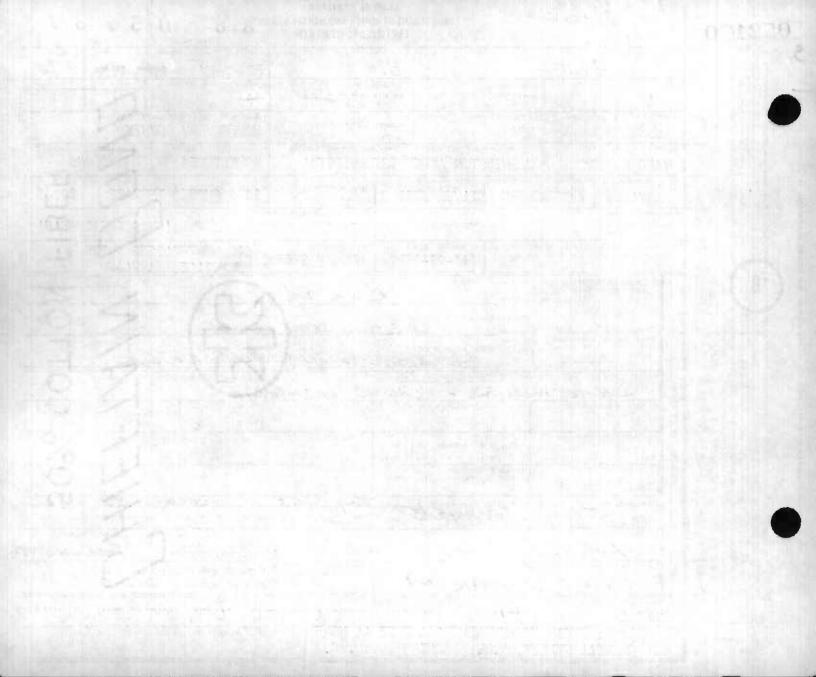
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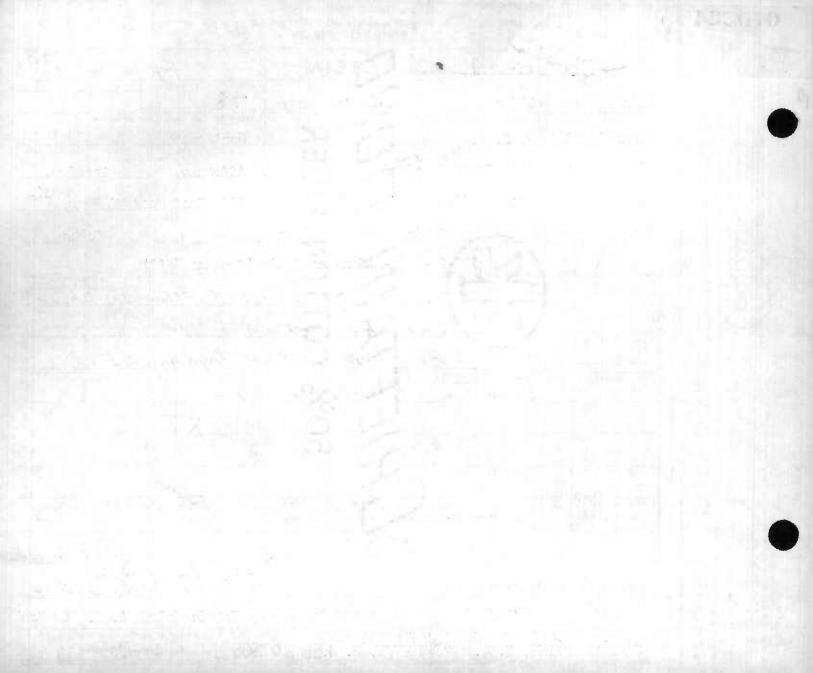
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LAND 21	113a S	ARYLAND MONT		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	139845 AUEBEC	PTERRACE	20903
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- / /		0	VE WAR OR DATES)	111-07-1	392	MURRAY STEIN	, 616 NORTHE	MARYLAND	
	1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse per ED BY. TE CAUSE (a)	line for 101, (b1, ond	lic.	EWAL FAILUR	eE.	APPROX BETWEEN	XMATE INTERVAL LONSET AND DEATH
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PITAL OF by the hy the		22b. SIGNATURE	Friele	mar			MEDICAL STAFF DIRECTOR PHYSICIAN		esigned
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DHMH - 16 60M 7/84 (VRA 15, 4)		PONA POEMPR STEIN 132 CARROLL STR					E NEC D, BY REGISTRAR 256.	REGISTRAR'S SIGNAT	TURE



(VRA 15, 4)

232 CARROLL STREET, N. W., WASHINGTON, D. G.ER



ST., N.W., WASHINGTON, D.G. 20009

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

071100	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 5 7 6 0  CERTIFICATE OF DEATH  REG. NO.
n and completely filled in by the funeral director, page 3 Pages 1 and 2 should be filed within 72 hours after death medical examine must be nothlied as ponce.	3. SE 70 B 70	RTHPLACE (STATE OR FOREIGN TO COUNTRY) TO THE PROPERTY OF THE	Silver Springs YES NO 130 INSIDELENT LIMITS? 130 STREET ADDRESS / ZIP CODE 12315 New Hampshire Ave.  15. MOTHER'S MAIDEN NAME  FIRST  CARRIE  GROVES
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Feb. 9,1986

300 West Montgomery Ave. Rockville, Maryland

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA25a DATE REC'D. BY REGISTRAR 253 REGISTRAR 2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Metropolitan Crematory

DHMH - 16 50M 4/83 (VRA 15, 4)

049079

- STATE

REGISTRAR

23a. BURIAL, CREMATION, REMOVAL

Cremation

1. DECEASED NAME

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cannery 13e STREET ADDRESS / ZIP CODE 1907 Lyttonsville Road, 20910 Givens Same as #13 e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ STATE and that if (my) (our) opinion death occurred on the date and hour and from the causes stated 224. DALE SIGNI MEDICAL STAFF GEORGETOWN RD. ROC 23d LOCATION

Virginia

251 PRIGISTHAR'S SIGNAMORE
GENE DANGER HONDER

REG. NO

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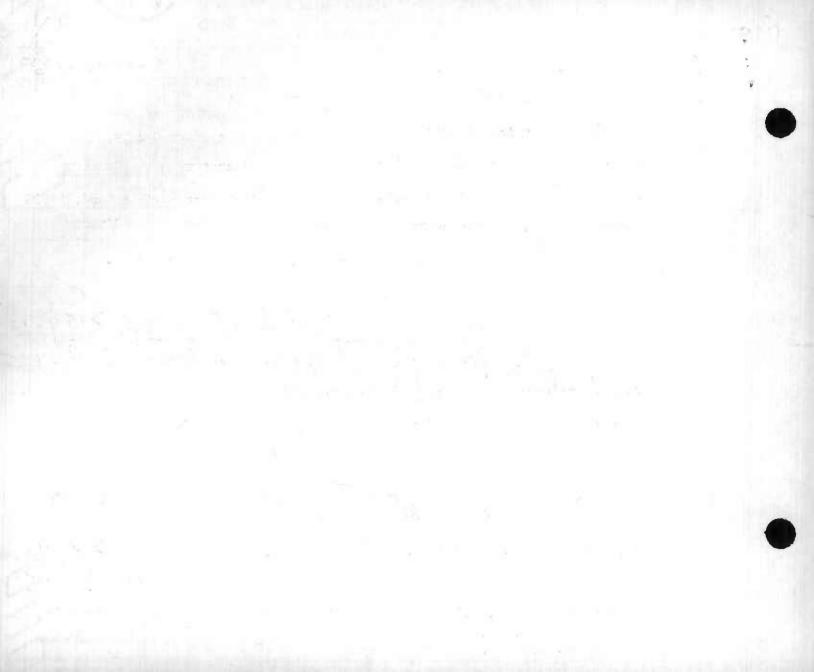
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2a DATE OF DEATH



			STATE REGISTRAR	DEPART		ATE OF DEATH	GIENE 8 6	NO.	5 /	6 2
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STATE OF MARYLAND

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25	23a B	URIAL, CREMATION, REMOVAL				ERY OR CREMATORY	23d LOC	TY OR TOWN	175	COUNTY	STATE
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(VRA 15, 4)	50	O University Bl	vd., W.,	Silver	Spring,	MU	LD &	0 1300	7		

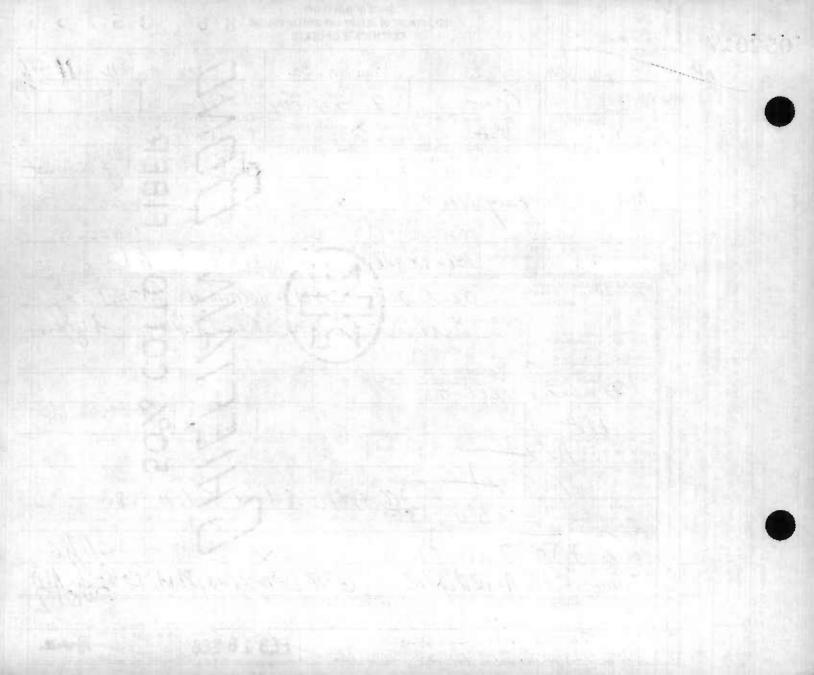
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modical e	160 WAS DECEASED  (YES, NO OR UNKNOW  NO		E WAR OR DATES)	166 SOCIAL SECU 212-07-		17 INFORMANT A George St					Md. 2120 Ave.
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TO HOSPITAL etained by the TO FUNERAL should be detail.	22d. PHYSICIAN	0,	MODICE	، کار،		22e ADDRESS		Ave G		ersbur	, md
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STATE OF MARYLAND

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octor po	1 SEX Male	Cauc.	S. DATE OF BIRTH DAY YEAR 1914	6 AGE (IN YEARS LAST BIRTH	YRS MCFFHELL BATS HOLDS	11
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₽₽ ₽ # \$ <b>\$</b> 1	23a BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	AUS
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &
CERTIFICATE OF DEATH

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ď	I DECEASED NAME FIRST	MIDDLE	L	AST		20. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR	1.0
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ú	3.5EX	4. RACE	5. DATE C	F BIRTH		6 AGE (IN YEARS LAST BIRT		FUNDER : YEAR	IF UNDER 24	
ı	Female	White	Sept	. 15	1894	91	YRS	ONIHS BAIS	HOURS	MIN.
4	TE BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OLUNIAN B	_	К	9 BALTIMORE CITY OF		OF DEATH		
	New Jersey	U.S.A.	WIDOWE	D D	MARRIED K	Montgomer				MD.
	Rockville	11. NAME OF HOSPITA (IF NOT IN SUCH EACILITY 11504 West	GIVE STREET ADDRESS) Hill Drive	OR OTHER INS	TITUTION	170 USUAL OCCUPATION OF WORK FOR MOST OF Clerk		Retai		
1	SUAL RESIDENCE (IF NURSING HOME OF 13th COUL)  Maryland Mont	gomery Roc	PENCE BEFORE ADMISSION OF TOWN EKVILLE	13d INSIDE O	NO [	11504 West	ZH COPE	rive/	20852	
1	FATHER'S NAME Hippolyte	MIDDLE TE	exier		s maiden nam Leontine	MIDDLE		Bute	z	E
ì	160 WAS DECEASED EVER IN U.S. AR	E WAR OR DATES	-20-3718	Nana Nana	L. Deal	y Same as		s 13 a-	е	E.
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-	OR CONTRIBUTING CAUSE OF DE	P.M.	ONTH DAY YEAR			RED (ENTER NATURE OF INJUR	IN ITEM 18 PAR	RT 1 OR PART 2)		
	21d INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJU		211. LOCATI STREE		CITY OF TOW	VN	COUNTY	STA	16
	22a I certify that (I) (this bosp sow the deceased alive an	13-JAN	19 86 00	nd that in 🛶	, 19	to <i>G FEX</i> death occurred an the do	te and hour	9.86. and fram the	hat I (we touses state	) last ed
	774 PHYSICIAN'S NAME (1991	-961	ogn	122 ADDRES	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🔲	27c DATE :	0/86	
	Walter E. Goo	(/	0			ld Rd. Whea	iton, N	Marylan	d 209	02
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	2/12/86	St. Mar			23d LOCATION CITY OR TOWN Plainfield	. Oran	ge. Ne	w Jer	sey

OHMH- 16 60M 7/84 (VRA 15, 4) THE FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Maryland 20852

250. DATE REC'D BY REGISTRAR 251. REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ... CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME LAST 2a. DATE OF DEATH MONTH 76 HOUR TYPE OR PRINTS Ballas FEBRUARY 5, 1986 EVELYN THEOFILOS 9:30P 1. RACE S DATE OF BIRTH IF UNDER I YEAR 3 SEX MONTH DAYS FEMALE WHITE MAY 16, 1961 70. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED Mississippi United States MONTGOMERY COUNTY O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Homemaker Own Home BETHESDA NIH. THE CLINICAL CENTER

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

36 STATE 1136 COUNTY 136, CITY OR TOWN 13d INSIDE CITY LIMITS? Albemarle CHARLOTTESVILIE ES VIRGINIA

NO X 15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 2730 VINTON COURT

22901 Lemonis

Demetrios 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

19a. DATE OF OPERATION

214 IN JURY OCCURRED

WHILE

14 FATHER'S NAME

FOR

166 SOCIAL SECURITY NO 230-15-8304

Ballas

17 INFORMANT (Mother) Carrie Ballas

Carrie

ADDRESS 2730 Vinton Court Charlottesville, Virginia

> 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CONGESTIVE HEART FAILURE 6 WEEKS IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF SECONDARY HEMOCHROMATOSIS 3 YEARS Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause fast LIFE LONG THALASSEMIA MAJOR

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

NONE 71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

NO YES X 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

19 AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

COUNTY CITY OF TOWN

STATE

NO [

270 1 certify that (K(this haspital) attended the deceased from FEBRUARY 2, 86 FEBRUARY sow the deceased alive on FERHARY 5 (did) (did pot) view the body ofter dea 226 SIGNAT DEGREE 27c. DATE SIGNED

22d, PHYSICIA

NOT WHILE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

ROCKVILLE PIKE, BETHESDA, MARYLAND 20892

FEB. 6, 1986 NATIONAL INSTITUTES OF HEALTH, 9000

230 BURIAL, CREMATION, REMOVAL

Burial

236 DATE FEDEUALY NAME OF CEMETERY OR CREMATORY Riverview Cemetery

Charlottesville Virginia

DIVISION OF VIT

24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES P..A 7557 Wisconsin Avenue, Bethesda, Maryland FEB 13

8, 1986

250 DATE BEC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

STA	TE OF	MARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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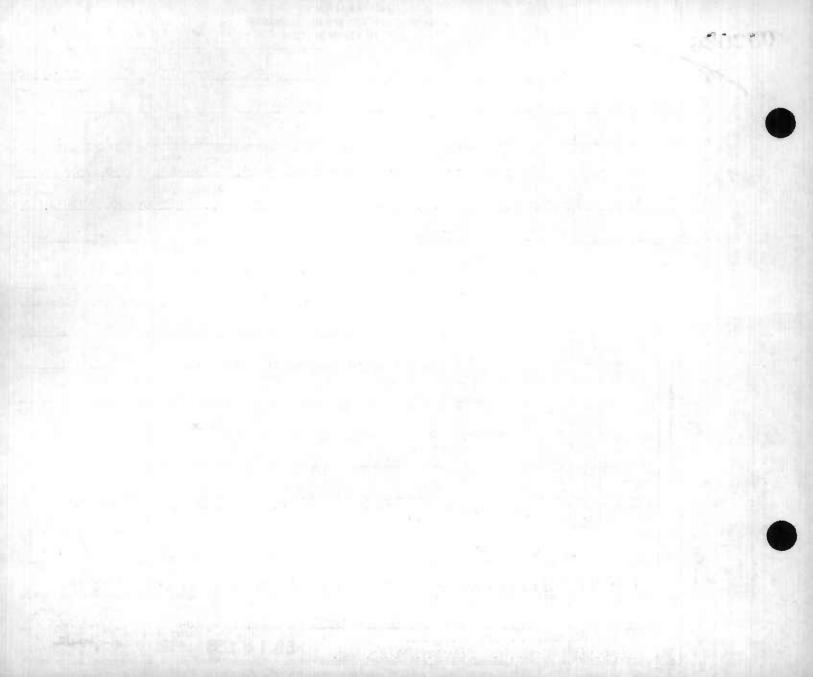
-in	CEASED NAME	FIRST	,	MIDDLE		ICATE OF DEATH	REG. N		DAY YEAR	126 HOUR
1140	Edwa	~~3	7		Mhom	20		7.7	1000	
SE.			ACE		Thom  5. DATE O		February 6 AGE (IN YEARS LAST BI	RTHDAY)	1986	11 : 4
M	Male	C	Caucas	ian	Marc	h 25. 1920	65	Voc	MONTHS DATS	HOURS A
7a. BI	SIRTHPLACE (STATE OR FOR			WHAT COUNTRY?	8	X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	Y OF DEATH	1
	ssachusetts		USA		WIDOWE		Mant	аотели	,	
	ITY OR TOWN OF DEATH			HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPAT	TON	126. KIND C	OF BUSINESS
	Olney	Mo	ntgor	nerv Ger	neral	Hospital	It. Colon			Air Fa
	STATE 13	HOME OR OTHE	ER INSTITUTION	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		2
		ontgom	nery	Silver S	Spring	YES NO	3583 So. L	eisure	World	
J. FA	ATHER'S NAME	MIDDL	LE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAS	
16. 1	John WAS DECEASED EVER IN	J.	FORCESS	Thoma		Rose	ADDR	ece.	Way	shack
(	(YES NO OR UNKNOWN)	IF YES, GIVE WAR	R OR DATES)			17 INFORMANT				
У	18 CAUSE OF DEATH	1943-		014-14-0		Joyce H. Tho	mas Wife	Same	as 13	MATE INTERVA
		the lost.	(c)	SEPSIS RAS A CONSEOUR METASTA	310	CARCINOMA DI				
ICATION	gave rise to immed cause (a), stating underlying cause	diote the lost.	(c) DITIONS <u>CC</u>	SEPSIS  RAS A CONSEOUR  METASTA  DITRIBUTING TO	ENCE OF	CARCINOMA DI NOT RELATED TO THE TERM		20b. IF YES	S, WERE FINDI	NGS USED
ERTIFICATION	gave rise to immed couse (o), stating underlying couse PART 2 OTHER SIGNIF	lost.	DITIONS CO	R AS A CONSEQUI METASTA ONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO.	20b. IF YES	S, WERE FINDIT	NGS USED
AL CERTIFICATION	gove rise to immed couse IOI, stating underlying couse  PART 2 OTHER SIGNIF  19a DATE OF OPERATIO  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	JOST.  JCANT COND  JYING   JISE OF DEATH	196 CONDI	SEPSIS  R AS A CONSEQUIMETASTA  DITRIBUTING TO J  TION FOR WHICH  FINJURY M. MONTH D.	ENCE OF SIC (DEATH BUT I	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO.	20b. IF YES	S, WERE FINDIT	NGS USED OF DEATH?
	gove rise to immed couse (0), stoting underlying couse PART 2 OTHER SIGNIF	DIOSE  ICANT CONE	19b CONDI  19b TIME O HOUR A.I  21e PLACE	R AS A CONSEQUI METASTA ONTRIBUTING TO: TION FOR WHICH FINJURY M. MONTH D.	DEATH BUT I	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCURF	200 AUTOPSY? YES NO	206. IF YES IN CERTIF YE	S, WERE FINDING CAUSES S D PART 1 OR PART 2)	NGS USED OF DEATH? NO
MEDICAL CERTIFICATION	gove rise to immed couse 101, stating underlying couse  PART 2 OTHER SIGNIF  19a DATE OF OPERATIO  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU  (IF EITHER NOTHY MEDICAL  21d. INJURY OCCURRED	DIOSE  ICANT CONE	19b CONDI  19b TIME O HOUR A.I  21e PLACE	SEPSIS  R AS A CONSEQUI  METASTA  DITRIBUTING TO.  TION FOR WHICH  FINJURY  M. MONTH D.  M.	DEATH BUT I	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURP	200 AUTOPSY? YES NO.	206. IF YES IN CERTIF YE	S, WERE FINDIT	NGS USED OF DEATH? NO
	gove rise to immed couse 101, stofting underlying couse  PART 2 OTHER SIGNIF  190 DATE OF OPERATIO  210, ACCIDENT WAS UNDER OR CONTRIBUTING CAU LIFETIMER NOTIFY MEDICAL  21d INJURY OCCURRED WHILE NOT WHILE	ICANT CONE  LYING    JUSE OF DEATH  EXAMINER)	196 CONDI 196 CONDI 216 TIME O HOUR A.I P.J 21e PLACE ( (AT HOME STR	SEPSIS  R AS A CONSEQUI  METASTA  DITRIBUTING TO J  TION FOR WHICH  FINJURY M. MONTH D.  M.  DF INJURY BET FACTORY OFFICE. E	DEATH BUT I	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCURF	200 AUTOPSY? YES NO	206. IF YES IN CERTIF YE	S, WERE FINDIR FYING CAUSES S PART 1 OR PART ?) COUNTY	NGS USED OF DEATH?
	gove rise to immed couse (o), stofting underlying couse  PART 2 OTHER SIGNIF  1196 DATE OF OPERATIO  216. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL  WHILE NOTIFY MEDICAL  WHILE NOTIFY MEDICAL	ICANT CONE  LYING    JUSE OF DEATH  EXAMINER)	196 CONDI 196 CONDI 216 TIME O HOUR A.I P.J 21e PLACE ( (AT HOME STR	SEPSIS  R AS A CONSEQUI  METASTA  DITRIBUTING TO J  TION FOR WHICH  FINJURY M. MONTH D.  M.  DF INJURY BET FACTORY OFFICE. E	ENCE OF  SIC  DEATH BUT I  OPERATION  AY YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCURF	200 AUTOPSY? YES NO ERED (ENTER NATURE OF INJU	20b. IF YES IN CERTIFY YES	S, WERE FINDII FYING CAUSES S PART 1 OR PART ?) COUNTY	NGS USED OF DEATH? NO STAT
	gove rise to immed couse 101, stoting underlying couse  PART 2 OTHER SIGNIF  19a DATE OF OPERATIO  21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL  21d INJURY OCCURRED  WHILE NOT WHILE  THE SIGNATURE	ICANT CONT  ICANT CONT  ICANT CONT  ILYING  IJSE OF DEATH  EXAMINER)  IJSE OF DEATH  EXAMINER	19b CONDI 21b. TIME O HOUR A.A P.J. 21e PLACE ( AT HOME STR	SEPSIS  R AS A CONSEQUI  METASTA  DITRIBUTING TO J  TION FOR WHICH  FINJURY M. MONTH D.  M.  DF INJURY BET FACTORY OFFICE. E	DEATH BUT II OPERATION  AY YEAR  19 EARM. ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURF  21l. LOCATION  STREET  4 that int (my) (our) apinion of the physician	200 AUTOPSY? YES NO ERED (ENTER NATURE OF INJU	206. IF YES IN CERTIF YE IN CERTIF YE IN ITEM 18 F	S, WERE FINDII FYING CAUSES S PART 1 OR PART ?) COUNTY	NGS USED OF DEATH? NO
MEDICAL	gove rise to immed couse (o), stofting underlying couse  PART 2 OTHER SIGNIF  190 DATE OF OPERATION  210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL  AT MORE	CANT COND  IVING   IVI	DITIONS CO 196 CONDI 216 TIME O HOUR A., 21e PLACE O (AT HOME STR	R AS A CONSEQUINE TASTA  TION FOR WHICH  FINJURY M. MONTH D. M. MO	DEATH BUT II OPERATION  AY YEAR 19 EARM. ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21t. HOW INJURY OCCURF  21t. LOCATION  STREET  4 that in (my) (our) apinion of the control of the c	200 AUTOPSY? YES NOSE  RED (ENTER NATURE OF INJU-	206. IF YES IN CERTIF YE IN CERTIF YE IN ITEM 18 F	S. WERE FINDING CAUSES S. PART 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO

Silver Spring,

DHMH - 16 60M 7/84 (VRA 15, 4)

500 University Blvd., W.

BP.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🚇

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REG. NO.		- 20			1.75

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: 11 15		DO DO	RIS		WIDDLE	THOMP:	SON	2a. DAT	E OF DEATH	02/	6/8	36	26 HOUR	
ge 4 may	1 SEX	FEMALE		CAUCA	ASIAN	5 DATE O	F BIRTH	6 AGE	80	BIRTHDAY) YRS.	MONTHS		IF UNDER 2	MIN.
erol din 72 hou		RTHPLACE (STATE OR FO COUNTRY) Issachusett		United States   MARRIED   NEVER MARRIED   United States   WIDOWED   DIVORCED    11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)  SUBJECT: HOSPITAL					Montgomery Co.					445
s ofter de by the fun iled within	10 CI	TY OR TOWN OF DEA							JAL OCCUPA	ATION STOF WORKING	LIFET IND		BUSINES	SS OR
BS	13a S	ΛΑΤΕ Λ.	13P CORN.	THER INSTITUTION	13c CITY OF	BEFORE ADMISSION)	134 INSIDE CITY LIMITS	100	ET ADDRES	S / ZIP COI	DE I		2085 DRIV	
(15)5	A FA	THER'S NAME FIRST Harry		ford	Coll	ourn	15. MOTHER'S MAIDEN  May	NAME	E.		F	la1e5	7	
× 00 P		VAS DECEASED EVER I		MED FORCES? WAR OR DATES!	166 SOCIAL	SECURITY NO. 3 4358	Kenney Bil	lings	3412 <sup>DD</sup> Dall	Univer as, Te	sity exas	B1v 75	7d. 5205	
physicio nipopers emovol.		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	y one cause pe BY: CAUSE (a)	er line for (a), (	b, and ic.	Julian Q	uel				APPROXIM	MATE INTERVINSET AND D	DEATH
death cer attending ove corbo tion, or re		Conditions, if any,	which		OR AS A CON	SEQUENCE OF	Du Bear	Fau	lu			3	per	(
that the is by the cose remo		gave rise to imm cause (o), stating underlying cause	g the	DUE TO, C	DR AS A COM	SOULNGE OF	= Mul (.	) ser	- C	lian		60	4	
equires in signed Then plants to burn	NOI	PART 2 OTHER SIGN	CO.	onditions c	ONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DIS	EASE OR CO	ONDITION G	IVEN IN	PART 1:a		K
NG PHYSICIAN. The low require of the control of the certificate has been signed that the control of the buriol-transit permit. Then hond Mental Hygiene prior to borked or Item 18 shows any injury or the control of th	CERTIFICATION	19a DATE OF OPERAT	ION	19b CONE	DITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a A	UTOPSY?	IN CERT			GS USED OF DEATH NO	H?
24 35 7 7	_	? TO ACCIDENT WAS UNDO	AUSE OF DEAT	HOUR A	of injury a,m. month p.m.	H DAY YEAR	?It HOW INJURY OC	CURRED (ENT	ER NATURE OF IT	VJURY IN ITEM 18	B PART I OR	PART 2)		
ottending ter this c is the bur hond Me	MEDICAL	214 INJURY OCCURR	ED III	21e PLACE	OF INJURY	OFFICE FARM ETC )	211 LOCATION STREET	Jillin.	CITY OR	IOWN	co	UNTY	·· ST	ATE
TTENDIN priol or TOR: Af for use o of Health		220 I certify that (I) sow the decease obave, (I) (we) (di	d olive on_	20	Ç		nd that in (my) (🖛) opin	ion death acc	urred on the	dote and ha	. 19 E		hat (I) ( <del></del>	re) last ted
the hos AL DIREC eroched tre Dept T: If them		276. SIGNATURE DE	~	16-	1600	2	DEGREE ATTENDIN PHYSICIAL	G MEDIC	AL SI	TAFF SICIAN [7]		eb.	6, 1	1986
HOSPITY  Ouned by  Oud bed  thinke Sta		22d PHYSICIAN'S NA			W D		22e ADDRESS							
Should with		Willian	n H. K	allav	M.D.		8218 Wisc.	Ave.	#10/	Beth	esda.	Md.	. 200	0 30 1

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P. A 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

7557 Wisconsin Ave. Bethesda, Maryland 20814

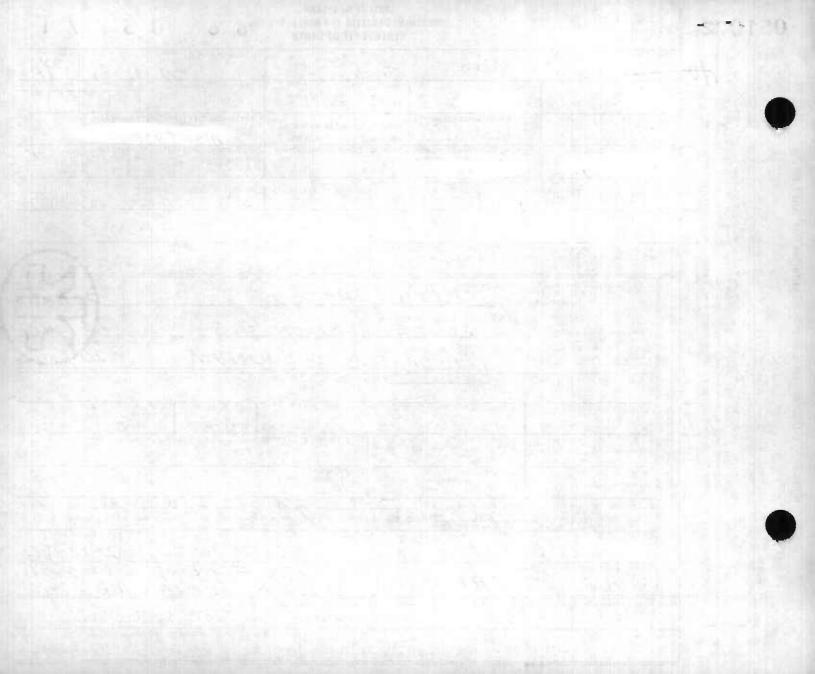
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DHMH - 16 60M 7/B4 (VRA 15, 4)

051	072	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 REG. NO. 5	771		
, pe	poge 3		CEASED NAME FIRST	Alice	Troth	20. DATE OF DEATH MONTH DAY	86 39/P M		
ge 4 mo)	nerol director, po	3. SEX	Female	Caucasian	April 5,1917	7.00	UNDER I YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.		
leoth. Po		70 BI	RTHPLACE (STATE OR FOREIGN QUINTRY) ITginia	76 CITIZEN OF WHAT COUNTRY? United States	*MARRIEDX NEVER MARRIED WIDOWED DIVORCED	Montgomery County,			
rs ofter d	O Lifed with				G HOME OR OTHER INSTITUTION SPItal	120 USUAL OCCUPATION TO THE DISTRIBUTOR USES	126 KIND OF BUSINESS OR INDUSTRIGE GET A etin		
24 hour	mid be mid be	13n S	TATE 136. COUN	other institution give residence before NTY 134 CITY OR TOWN Kensing	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 3514 Farragut	Ave. 20895		
ed within		III FA	THER'S NAME  James	Quinn Quinn	15. MOTHER'S MAIDEN N FIRST Mary	AME	iler		
oe execut	s. Pages		VAS DECEASED EVER IN U.S. AR (IF YES, GIV	5 1 A CO C. 1140.	5732 Horace E.	sband ADDRESS Troth III Same	as 13		
rtificote	physicic on papers emovol.		PART I. DEATH WAS CAUSE	lly one cause per line for (o), (b), and D BY: TE CAUSE (o)	IC SHOCK		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
death ce	ottending ove corbo tion, or re oumotic e		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	E PERITON	1715	20 hours		
thot the	d by the eose rem ol, cremo		gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	PATED JE	JUNUM	20 hour.		
requires	Then pl or to burn injury, o	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1							
The law	thos being the price price hows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO YES			
Physic	ol-trans tol Hyg m 18 sl	AL CE	2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 21¢ HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)		

MEDIC 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) WHILE NOT WHILE FUNERAL DIRECTOR: After 22a I certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (i) (we) (did) (did of) view the body after death. and that in (my) (a) opinion death occurred on the date and how and from the causes stated should be detoched with the State Dept. 226 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL BUT ial Feb. Adelphi, Maryland 15,1985 George Washington BP. PA. 7557 Wisc. Ave. Bethesda, Maryland BY REGISTRAR 256. REGISTRAR'S SIGNATURE (VRA 15, 4)

DHMH - 16 60M 7/84



hearth. Fage 4 may be mem director, page 3 in 77 hours offser death	1. DECEA	EGISTRAR ASED NAME	FIRST Rad	UHLIO	DDIE S.	CEKII	LAST Trov	MENTAL HYG DEATH		REG. N	HINOM	DAY	YEAR	26 HOUR
hearth. Fage 4 may be mem director, page 3 in 77 hours offser death	1 SEX	PRINT) RA	DMIL	Q	0.0	FRAU	LAST Troy	anovich	20 DATE	OF DEATH				
heart. Fage 4 r	Zo. BIRTH	NALE	4. F	DACE		11003	ANOVI	.CH	2-	24-86	FE8	24	1986	4:4
1 16 97				LAUCAS	ian	S. DATE		1898	6. AGE (1	NYEARS LAST BIR	THDAY) YRS.	MONTHS	DAYS	HOURS
1 11 277	Yug	PLACE (STATE ORFO OSLAVIA	OREIGN 76.	b. CITIZEN OF WHAT COUNTRY?  MARRIED X NEVER MARRIED  WIDOWED DIVORCED				9. BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY						
0 13 76	The second	OR TOWN OF DEA	OWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INST			NSTITUTION 126, USUAL OCCUPATION 12b k			USTRY	OF BUSINES USTRY DOI A				
2 2 2	(3e. 51A)	TI.	NG HOME OR OTH 136 COUNTY Montgo			13d INSIDE CITY LIMITS?		13e.STREET ADDRESS / ZIP CODE 4970 Battery Lane 200						
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ond co	160 WAS (YES, 1	DECEASED EVER	IN U.S. ARMEI	D FORCES?	166 SOCIAL SE 076-26-	CURITY NO.	17 INFORM		Ovano	ADDRE				
ficate be papers; seed. ent, the		CAUSE OF DEATH PART I. DEATH W	H (Enter only of AS CAUSED B IMMEDIATE O	one couse per l			· Car	Foru	1	est	Same	26 1	APPROXIMETWEEN O	MATE INTERVINISET AND S
that the deat d by the atten- cal cremation, or other troums	9	onditions, if ony, pove rise to immouse (a), stating couse	nediote g the	1b)	AS A CONSEC	N.E 10	e Sta	f. c	Can	e with	vt.			
or to ben't	S S	ART 2 OTHER SIGN			NTRIBUTING T					ASE OR CON				IGS USE
The long of the lo	윤				15.00	ICH OF EKATI			YES [	NO[]	IN CERT	IFYING (	AUSES	OF DEAT
Clan g physical indivious	00	a. ACCIDENT WAS UND R CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	216. TIME OF HOUR A.M P.M	MONTH	DAY YEAR	21c. HOW	INJURY OCCUR	RED (ENTER	NATURE OF INJU	RY IN ITEM TS	PARI I OR	PART 2)	
Strength of the Day	¥ .	INJURY OCCURR	nt []	21e PLACE C	PE INJURY ET, FACTORY, OFFIC	CE, FARM, ETC )	21f. LOCAT			CHY OR TO	)WN	CO.	UNTY	51
of Health	220	saw the decease above, (1) (we) (d	ed alive on	1.0	19	(11)	and that in (m	y) (our) opinion	deoth occu	rred on the d	ote and ha		om the c	
TALOR A DIRE A D		b. SIGNATURE	NST	don	lux	Ore	DEGREE	ATTENDING PHYSICIAN	MEDICA DIRECTO	L STA			/24/	1986
O HOSPI Trained b O FUNE hoold be MPORTAR		Christo	pher	Unger,		J	821	8 Wisc		, Betl	nesda	, Ma	ryla	nd
BP	Bu	IAL, CREMATION, IFIAL ERAL DIRECTOR	.0	2/27/1	986 1	Parkla		CREMATORY  Orial Pa	rk Ce	CATION ITY OR TOWN P REGISTRAR	Rocks			

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Ord-26-7408 Helen M. Provemorich. From an item 13.

2/24/1988

Jurial 2/2/1986 Revieleyn Monorial Park Vem. Roofwille 18.

.oueji Lileri • B \_ c.

11800 New Hamp. Ave.

S.S.Md.

FOR

REGISTRAR

14 FUNERAL DIRECTOR
Hines/Rinaldi

DHMH - 16 60M 7/84

(VRA 15, 4)

1. DECEASED NAME

- STATE

LEVES OF BRILL

045048

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

Retired

Colivas

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTR

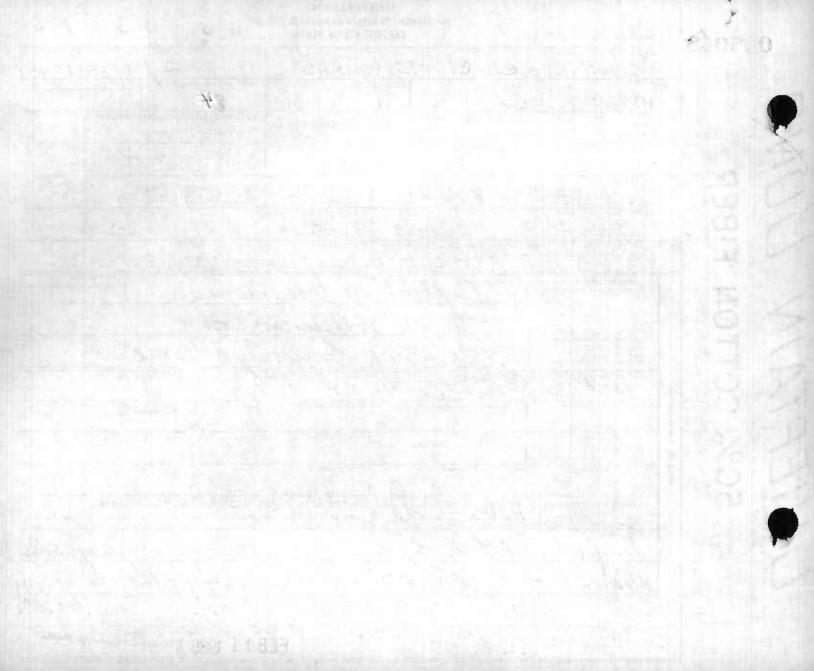
23s. DATE SIGNED

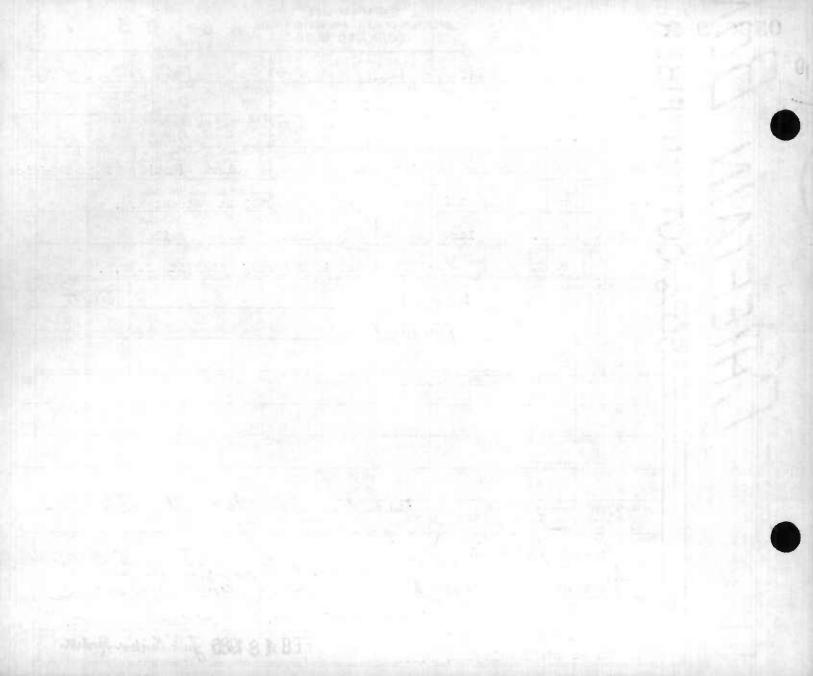
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YES [

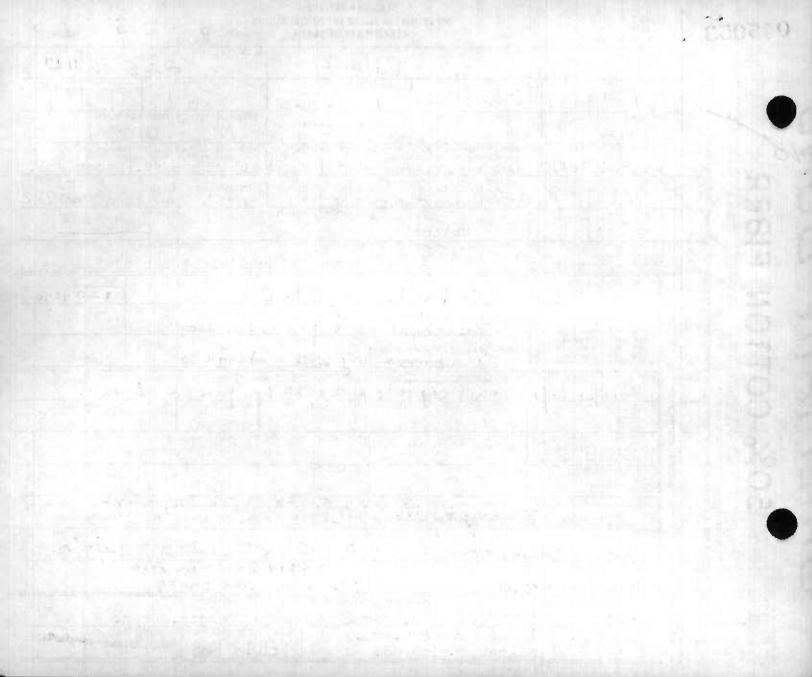
250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

20. DATE OF DEATH

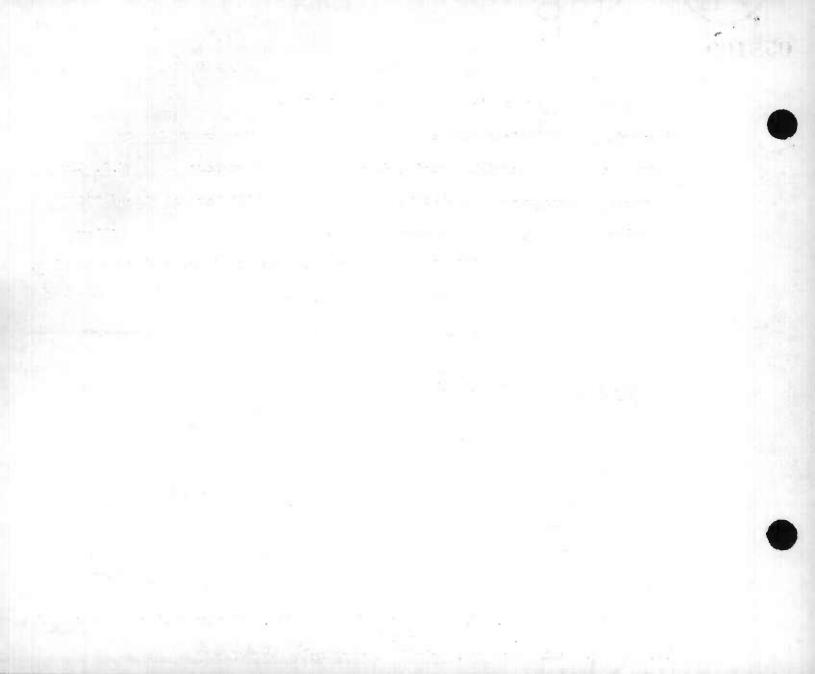




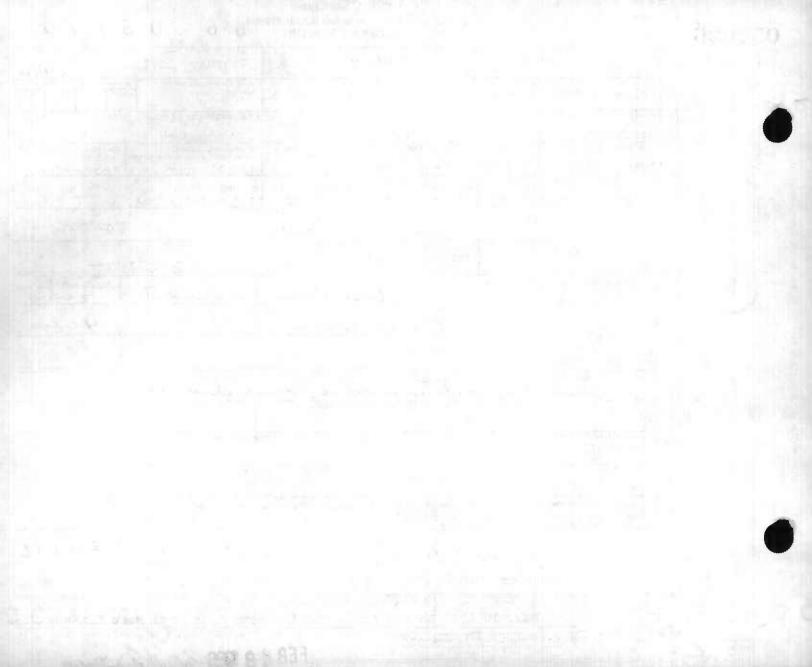
	Item	15, Film	G612 2	/24/86	jab STAT	E OF MARYL	AND				
045053	FOR STATE			DEPA	KIMENI OF	EALIH AND	MENTAL HYGH	ENE R F	. {	1 5 7	7 5
0 X 3 0 0 0	REGISTRA	-			CERTII	ICATE OF	DEATH	R	EG. NO.	, , ,	24 3 74
m.e.	1. DECEASED NA	1		MIDDLE	1.1	LAST	,	2a DATE OF DE	HINOM HTA	DAY YEAR	2b. HOUR
2 10		Joh	n	D.	Va	lent	I		d'	6-86	//
4 6	3.5EX 1	ale	4 RACE	0 45 - 2	S. DATE (		YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
A 25	141	ale	Ca	ucasion	9 1	- 12	-25		6 YRS		
X X 9	7a BIRTHPLACE	( STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	MARRIE	NEVER.	MARRIED -	BALTIMORE	7	ITY OF DEATH	
11/1/	New Yo	rk	USA		WIDOW		NORCED	Mo	12tq-0	emery	MD
15:11	O CITY OR TOW	N OF DEATH		HOSPITAL, NUR		OR OTHER INS	TITUTION	120 USUAL OCC	MOST OF WORKING		F BUSINESS OR
9 1 19 1/	Tako	maPark	1 1 1 1	hington	A 11.1.	intist	Hospital	Attorr			r Rel.
8 1 11 17	IAL RESIDEN	CE (IF NURSING HOME O		GIVE RESIDENCE BE		113d. INSIDE C	ITY HAITS?	3e STREET ADD	DESS / 7IP CC	Bo Bo	ard
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是 引起了	14 FATHER'S NA	ME	WIDDLE	IAST		15. MOTHER	S MAIDEN NAM		DDIE G	iaccone	
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2 2 2 2	160 WAS DECEA	SED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SE		17 INFORMA	ANT		ADDRESS		
M 1 1/2		Army WW		108-1	8-3015	Grace	e Valer	nti(Wif	e) Same	e as 13	E
¥ 1 11 1		OF DEATH (Enter o		line for (o), (b),	ond ic.					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
1 1111	PART I.	DEATH WAS CAUSI	ED BY: NTE CAUSE (a)	Cardin	bw) mo	nary.	Failure				o days
No a page of			DUE TO O	R AS A CONSE	DUENCE OF	0			) (III)		0
EST dept dept dept dept		s, if ony, which				monia,	post of	structi	ve		
K 2 2111	cause (	ta immediate		R AS A CONSE		,					
N in the second	underlyin	g couse last	1	ancino	_	lune V	with my	etasta	513		
2 1 12 2	PART 2 O	THER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERMIN	VAL DISEASE OF	CONDITION	GIVEN IN PART TO	
9 1 12 1	ē 24	rotec Le	12 inten	sal ca	psule	With 1	right th	emibar	2515	Anemio	
A STATE OF	190 DATE C	OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFO	DRAKED	20a AUTOPSY	20b. IF Y	YES, WERE FINDIN	IGS USED
A 11 32 11/	# 1							YES NO		YES [	NO [
2 2 3 1 1 E	0	NT WAS UNDERLYING [	216. TIME C	M. MONTH	DAY YEAR	SIE HOW IN	JURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM I	18 PART I OR PART 2)	
0 00 101 19	5 (IF EITHER	NOTIFY MEDICAL EXAMINE	~		19						
8 27 117 9	21d INJUR	YOCCURRED	21e. PLACE	OF INJURY	CE FARM ETC )	211 LOCATE		CIT	Y OR TOWN	COUNTY	STATE
NO SE THE SE	E CRK	NOT WHILE AT WORK								August 1	
Z = # 3 2 ±		y that (1) (this hosp					1986		mary 6		that (1) (we) last
E # 63 # 8	abave	he deceased alive ar , (I) (we) (did) (did no	at Wiew the bady	after death.	186-,0	nd that in (my)	(aur) apinian de	eath accurred an	the date and h	naur and from the	causes stated
0 * 0 H 0 H	22b. SIGNA	TURE		rì		DEGREE	ATTENIONIO	INEDICAL		22c. DATE	1 .
3, 3612		HIN- CH	tuan +	Han !	Y		PHYSICIAN D	MEDICAL DIRECTOR P	STAFF HYSICIAN [	2/7	186
4 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	22d PHYSIC	CIAN'S NAME (TYPE	OR PRINT!			22e ADDRES	55 64 19	Baltin	nove A	ve ·	
0 0 0 0 4 4 W		1-CHUAN				Riva	rdale,	Md 2	0737		
er cotes	23a. BURIAL, CRE	MATION, REMOVAL	236 DATE			ENFIER OF		23d LOCATION	WN	COUNTY	STATE
BP	Buria		2/11/8	36 N	It. Ca	rmel	Cemeter	y Rose	eta. Pe	enn.	
DHMH - 16 60M 7/84	24 FUNERAL DIR	'Rinaldi		New Ha		e.	25a DATE	REC'D. BY REGIS	TRAR 250 REG	Bundson-	URE
(VRA 15, 4)	nines/	KINGLGI		Sprin			FEE	3 1 1 198	16 Juna	mantages A	



	FOR	STATE OF MA DEPARTMENT OF HEALTH A		0 / 0	e 176		
058109	1 - STATE REGISTRAR	CERTIFICATE	OF DEATH	REG. NO.	3 / / 0		
	1. DECEASED NAME FIRST	B. Vermili		ATE OF DEATH MONTH	DAY YEAR 26. HOUR 3 5		
pood deorth	DOYCA 3. SEX	4 RACE S. DATE OF BIRTH		E (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS		
s offe	Female	Caucasian February	18.1898	88 YRS.	MONTHS DAYS HOURS MIN.		
Pog Agree	70. BIRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY?		LTIMORE CITY OR COUNT	Y OF DEATH		
To a single	Missouri	United States WIDOWEDED	DIVORCED [ MC	ontgomery Cou	nty MD.		
rs ofter dec	10 CITY OR TOWN OF DEATH  Rockville	11. NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Rockville Nursing Home	(TYPE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Secretary  U.S. Gov't			
in 24 hours ly filled in should be	Maryland Mont	gomery Rockville YES 🛭	NO □ 141	reet address / zip could bernerd Pl	ace/ 20851		
making ted within ampletely ond 2 st	14. FATHER'S NAME FIRST Charles	H. Bennett Id		WIDDLE	Miller		
n and come medical	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	rmant Le L. Barcher	ADDRESS cs (daughter)	same as #13e.		
the definitions of the manual certificate control of the manual certificate control of the montan of temporal certifications of the montan of	PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	Jalmon	) count	APPROXIMATE MITERVAL BETWEEN ONSET AND DEATH		
been signed by mint. Then please only injury, or one	PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL		AUTOPSY? 206 IF YE	IVEN IN PART Ito:  ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?		
N: The laysician. cate has onsit per Hygiene 8 shaws	210. ACCIDENT WAS UNDERLYING [		YE:	and the same of th	ES NO		
HYSICIAN: The dring physicial purillense burial-transfer Menall Hygie or Hem. 18 sho or Hem. 18 sho	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. IN JURY OCCURRED	R) P.M. 19	CATION	· · · · · · · · · · · · · · · · · ·			
NG PH Offer this os the b	WHILE NOT WHILE AT WORK		STREET	CITY OR TOWN	COUNTY STATE		
TTENDI prital or TTOR: A for use of Heal		and attended the deceased from 19 66, and that in only view the body after death.	(my) ( <del>out)</del> apinian death (	occurred on the date and ha	19, that (1) (we) last		
SPITAL OR AT 1 by the hosp NERAL DIRECT be detached if e Sinte Bob! or	27b. SIGNATURE	Secà MD	ATTENDING MET	DICAL STAFF CTOR PHYSICIAN	2/22/86		
TO HOSPITAL retained by th TO FUNERAL should be det with the Stipe	224 PHYSICIAN'S NAME LITTE	A (A M)	og Viens	hill and	Pors my		
BP	230. BUNAL, CREMATION, REMOVAL (SPECIFY)  Burial	Feb. 25, 1986 Gate of He	aven Cem.	LOCATION CHYORTOWN Silver Spring	COUNTY STATE Maryland		
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 FUNERAL DIRECTOR Rober	t A. Pumphrey Funeral Home gomery Ave. Rockville, Mary	S, 250. DATE REC'I	D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE		



52096		FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	5 7 7 7	
8 4 4 4		CEASED NAME FRST OR PRINT) EST	her	Vider	February 13,19	86 2:400	
s after de	3 SE Fe	x male	Caucasian	october 2,1908	6 AGE [IN YEARS LAST BIRTHDAY] 77 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	
72 hour	C	RTHPLACE (STATE OR FOREIGN OUNTRY) SSachusetts	75 CITIZEN OF WHAT COUNTRY USA	* MARRIED NEVER MARRIED WIDOWED XX DIVORCED	I BALTIMORE CITY OR COUNTY OF DEATH		
oy the fu	10 C	lver Spring	11. NAME OF HOSPITAL, NURS    F NOT IN SUCH FACILITY, GIVE STRE  Fairland Nursi	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12s USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIF BOOKKEEPET	12h KIND OF BUSINESS OF INDUSTRY  Accounting	
filled in b	USU 13a	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDEN STATE 136. COUNTY 136. CITY (		DRE ADMISSION)	lise STREET ADDRESS 2101 Fairland Rd.		
npletely nd 2 shou		THER'S NAME FIRST Nathan	MDDLE LAST Adels	15 MOTHER'S MAIDEN NA		Abramsbn	
nd cornes 1 an	NO.	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)   1# YES, G	ARMED FORCES? 166 SOCIAL SEC INE WAR OR DATES) 011 10	CURITY NO. 17 INFORMANT	ADDRESS chman 9602 Cotrel	l Terr.,SS.Md.	
te has been signed by the atten permit. Then please remove ca jene prior to burial, cremation, 3 shows any injury, or other tre	CERTIFICATION	Canditions, il any, which gave rise to immediate cause la! stating the underlying cause last  PART 2 OTHER SIGNIFICANI  19a DATE OF OPERATION	DUE TO, OR AS A CONSEO	eumoria	200 AUTOPSY? 200 IF YES	Y cults  VEN IN PART I (a)  S, WERE FINDINGS USED  TYING CAUSES OF DEATH?  SS NO	
ending physician (fer this certifica the burial-transit and Mental Hyg arked or Item 18	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTHINE AT WORK AT WORK	DEATH HOUR AM. MONTH	DAY YEAR 19 211 LOCATION	RED JENTER NATURE OF INJURY IN ITEM 18, P	COUNTY STATE	
etained by the hospital or atto TO FUNERAL DIRECTOR: A hould be detached for use ast with the State Dept. of Health MPORTANT: If Item 21 is m		220 E certify that (I) (this has	or PRINT)	DEGREE ATTENDING PHYSICIAN PARTIES ADDRESS	death occurred an the date and have  MEDICAL STAFF DIRECTOR PHYSICIAN D	19_86_, that the (we) la: or and from the couses stated  170. DATE SIGNED  2 - / 3 - SI	
TO FI With IMPO	230 Bu	L Burial, cremation, remova specify "ial		NAME OF CEMETERY OR CREMATORY  avas Achim Anshi Ko	23d. LOCATION CITY OR TOWN	county STATE est Roxbury, Ma	
DHMH-16 25M (VRA 15, 4) 1/79			Pearson Funeral	T.,	TE REC'D. BY REGISTRAR 23b. REGIST		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ( - STATE CERTIFICATE OF DEATH 04202 REGISTRAR REG. NO DECEASED NAME To DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Wachter Margaret H. February 3, 7:45A 1986 IF UNDER I YEAR 3. 5EX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH MONTH YEAR Female White FEB. 9.1913 MATHELACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery MD. DIVORCED T WIDOWEDX W CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR SALES PERSON HARDWARE Olney Montgomery General Hospital 13b HOWARD DATTON 13d. INSIDE CITY LIANTS? 5276 Greenbridge Rd. MD. 21036 NOT FATHER'S NAME 15 MOTHER'S MAIDEN NAME ELTAS HOWES SUSIE HOWES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Olney, Md. 20832 NO 216-16-0312 James Howes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), the and ic PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10: Athers cleration Vercules disease Conditions, if ony, which gave rise to immediate cause (a), stating the for the Hear Foi have underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH JUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 7) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) CITY OR TOWN NOT WHILE 220.1 certify that Othis haspital) attended the deceased from haw the deceased alive an\_ (aur) pinian death accurred an the dote and have and from the causes stated bove, (1) (we) (did) (did not) view the bady after death 22h. SIGNATURE DEGREE 22c DATE SIGNED 2-3-86 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) neover town Rd #20% Daniel Goldberg, M.D. 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY BURIAL MD. STATE MONT. FEB.7,1986 SUNSHINE MT. CARMEL 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 wwidson-Randalle FRANCIS H. BARBER LAYTONSVILLE, MD. 20879 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 044084 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN TO MONTH W. DEATH MATED 4 RACE 5. DATE OF BIRTH AGE (IN YEAR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male Cauc. ,1912 74 YRS TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR South Dakota MARRIED NEVER MARRIED United States WIDOWED DIVORCED JULD BE FILED, 10 CITY OR TOWN OF DEATH ROCKVILLE HOSOPart Owner Finance Co. M. STATE 136 COUNTY 13d. INSIDE CON LIMITS? 13e STREET ADDRESS 603 Azalea Drive/20850 NO [ 14. FATHER'S NAME Howard Wackerman Eugene Rebecca Louise Videto 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 579-12-2322 Maybelle H. LaFleur, same as CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONGS TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMITA PATER DEATH, WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, BALTMORE, MARWLAND, 21201 PRIGR TO BURIAL, OREWATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: AILURE IMMEDIATE CAUSE (a) CAKDIORESPIKATORY ACUTE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which TRACTURED gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION LUNG CARDIOUASCULATER 20 AUTOPSY? FEMORAL YES [ 216 TIME OF INJURY HOUR A.M. MONTH DAY OR 25 1986 CONTRIBUTING CAUSE OF DEATH AT WORK NOT WHILE AT WORK 270 I certify that I took charge of the remains described above, held on Inspection deoth resulted from: Homicide Undetermined manner DATE SIGNED EXAMINER'S NAME (TYPE OR PRINT) Feb. 1986 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Metropolitan Crematory Alexandria, Virginia Cremation 14 FUNERAL DIRECTOR Obert A. Pumphrey Funeral Home \$50. **DHMH-17** W. Montgomery Avenue Rockville, MDPA (VR A15 ME (5)) 15M2/80

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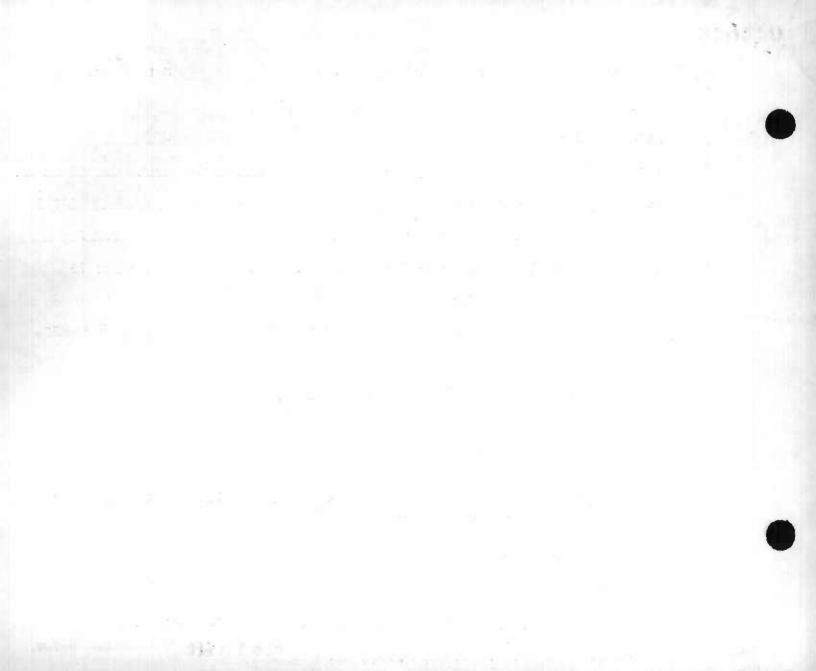
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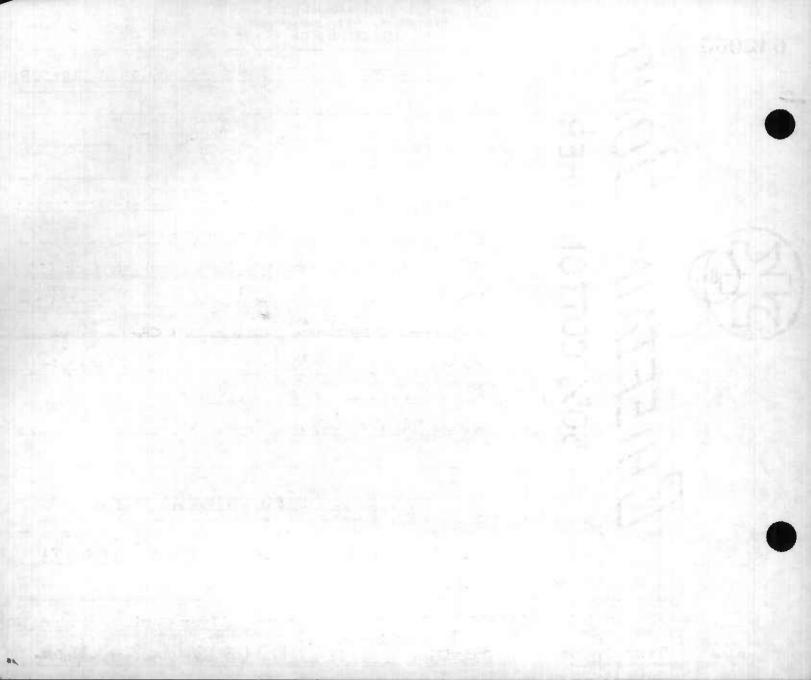
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

(VRA 15. 4)

STATE OF MARYLAND



	_ FOR	D504.044	STATE OF MARYLAND		
	- STATE REGISTRAR	DEPAKIN	NENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	0 0 0 5	/84
049074	1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	YEAR 26 HOUR
2 55	(TYPE OR PRINT) Charle	s T.	Washington	2/10	86 26 7048
of do	3. SEX	4 RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
ge 4	Male	Caucasian	November 16, 1919	66 YRS.	NTHS DAYS HOURS MIN
2 Hoding	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	FDEATH
in the second se	Maryland	USA	WIDOWED DIVORCED	Montgomery	ME
by the f	Wheaton	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 12101 Berry Str	address)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Payroll Supervise	126. KIND OF BUSINESS OR INDUSTRY US  T Soldiers
2 27/	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 136 INSIDE CITY LIMITS?	13e STREET ADDRESS	Home
N TO THE	Maryland Monte	gomery Wheaton	YES NO	12101 Berry Stree	t 20902
學是	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST
¥ 9 6 6 2	Robert	L. Washingt			DeKalb
ore condicol		WAR OR DATES)		ADDRESS	
S. Po	yes w	W II 579-22-7	988 Alice C. Was	hington Wife Sam	
I., BALTIMORE, MARYLAND 2120 Inficote be executed writering 4 hours physicion and completely filled in b noopers. Pages, 1 and 2 should be fill movel vent, the medical examiner must be	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly ane couse per line for (of (b), one D BY:	En of pros	tare wint	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or re	IMMEDIAI	DUE TO, OR AS A CONSEQUE	NICE OF DICTION	TITO GAR. P	
deoth ove of fron,	Canditians, if any, which	( b) COUNT	JAN 191 MAI	ace insinse	
W. PRI	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF		
gned the plea	PART 2 OTHER SIGNIFICANT C	CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	NIMAL DISEASE OR CONDITION GIVEN	IN PART HO
or to	E CONON HI	y mu erug	DISCHIE WIN	+ verino pro	EMALLEN
VITAL RECORDS, 201 W. PRESTON ST N: The low requires that the death certicate has been signed by the attending pronsit permit. Then please remove carbon Hygiene prior to burial, cremation, or ren	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
N: T hysici ronsi Hygi				RED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
0 00 100	OR CONTRIBUTING CAUSE OF DEA (IE EITHER, NOTIEY MEDICAL EXAMINER)	P.M.	19		
0 1 1 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR CONTRIBUTING CAUSE OF DEA  (IE EITHER, NOTIEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE DOUBLE DOUBLE	21e PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE, F.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DA SE	AT WORK AT WORK		11111 10	2/10	91
- 45 B B B B B B B B B B B B B B B B B B	220.1 certify that (I) (this haspi sow, the deceased alive on	tal) attended the deceased fram	ond that in (my) ( pinion	deoth occurred on the date and haur o	that (1) (we) last
A C C B	27h SIGNATURE	tudew the body offer death.	DECREE	dediti occurred on the date and hadr o	na from the causes stated
And the Part of th	Walle	Journa	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	2410/86
HOSPI Direct by PORTA	DAVIO C	ISLD EXBOLI	Jul 9801 GE	EVERT MANUA	MUST 20902
55 5213	23a BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION	OUNTY STATE
BP	Burial	Feb. 12, 1986 Pa	rklawn Cemetery	Rockville Montgo	
DHMH - 16 50M 7/77	24. FUNERAL DIRECTOR Francis	s J. Collinsques. Ir	25a. DAT	E REC'D. BY REGISTRAR 256 REGISTRA	R'S SIGNATURE
(VR A 15 (4))	500 University B	lvd. W. Silver:	Spring. Md. FE	D 1 3 1980 7 market	Manage Manage

2 1 2 13 12 John State State Market State Committee Commit

FOR - STATE REGISTRAR		DI	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8	6 REG. I	0	5	7	8	5
CEASED NAME	FIRST	MIDDLE	LAST	Zo. DATE	OF DE ATH		DAY	YEAR	7b. H	OUR

19073	1 -	STATE REGISTRAR		DEI ART	CERTIF	ICATE OF DEATH	REG. N	o.	) /	0 3	
		CEASED NAME FIRST NORMAN		S.		rkins	FEBRUARY	9,	1986	26. HOUR	
3	SEX	MALE	4 RACE WHITE	Ξ	5. DATE O	17, 1900 YEAR	85  9 BALTIMORE CITY OR COUNTY OF DEATH  MONTGOMERY				
Class		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY		D NEVER MARRIED					
183	R	OCKVILLE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE OF SHADY OF ROVE FADVOL HOSPITAL			PROTHER INSTITUTION HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORKER ASST OF WORKING LIFE) CARETAKER HEALTH				
	13a S M		OR OTHER INSTITUTION UNITY VIGOMERY	GIVE RESIDENCE BEFOR	VN		13e STREET ADDRESS 127 Layto	nsvill		20877	
ampletel	A FA	THER'S NAME SYLVESTER	MIDDLE	WATKINS		HELEN	ME MIDDLE	BUX	TON LA	ST	
S. Poges		(IF YES, NO OR UNKNOWN)	ARMED FORCES? GIVE WAR OR DATES)	220-24-		17 INFORMANT E.HILDA WATKI	NS SAME AS				
g physical compaper removal.		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU IMMEDI	only one couse pe SED BY: ATE CAUSE (a)	r line for (a), (b), a	H. F			m	APPROX BETWEEN	ONSET AND DEAT	
f by the attendir lease remove carbool, cremation, or ir other traumation		Conditions, if ony, which gove rise to immediate couse (0), stafting the underlying cause lost.	(b)_	OR AS A CONSEQU	1+.1	2		4	fdi	us	
n signed Then pli r to buri injury, o	NO	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1:	0	
thas been if permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOW	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED OF DEATH?	
C /	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E FETTHER, NOT BY MEDICAL EXAMINITY OCCURRED  WHILE NOT WORK AT WORK	EATH HOUR A	OF INJURY  .M. MONTH D  .M.  OF INJURY  REET, FACTORY, OFFICE.	19	21t. HOW INJURY OCCURR 21f LOCATION STREET	RED (ENTER NATURE OF INJU		(OUNTY	STATE	
CTOR Af d for use o d for use o d Health		270.1 certify that (1) (this has saw the deceased alive ( above, (HTWe) (did) (did	n 2 -6	19_	F. 6. or	nd that in (my) (aux) apinion of	to 2 - 4 death occurred on the de	ote and hour	ond from the	that (I) (we) le	
RAL DIRE detached store Dept.		Jack Se	hun	raille	~W		MEDICAL STA	FF CIAN [	22c. DATE 2 - 8	SIGNED P-86	
TO FUNERAL should be determined by the State with the State MAPORTANT: It		DR. JACK S	CHUMACHE			Gaithersbur	g, Md. 208	377			
P2	3a Bi	URIAL, CREMATION, REMOVA		3,1986		MYTLLE	LAYTONSV	TLLE	MONT.	STATE MD.	

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

FRANCIS H. BARBER LAYTONSVILLE, MD.

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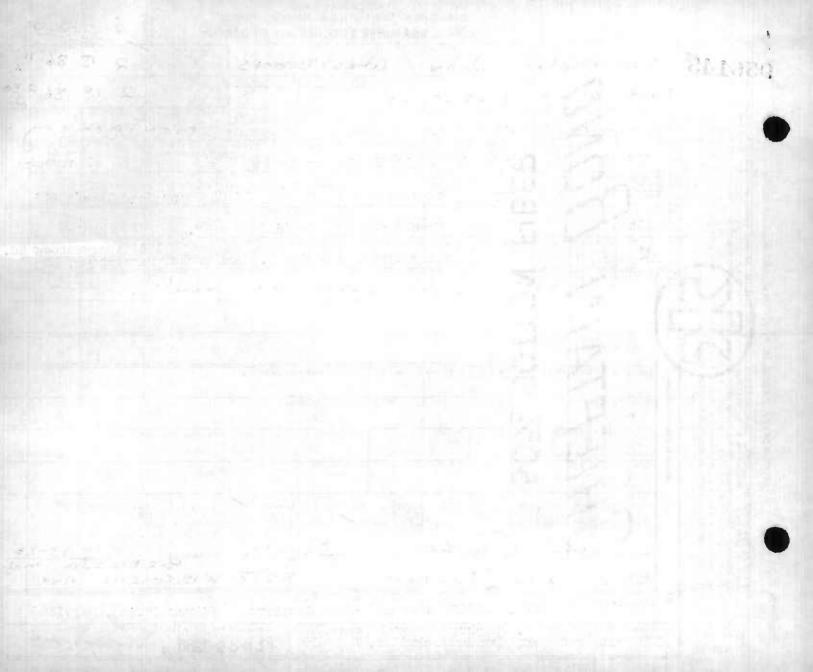
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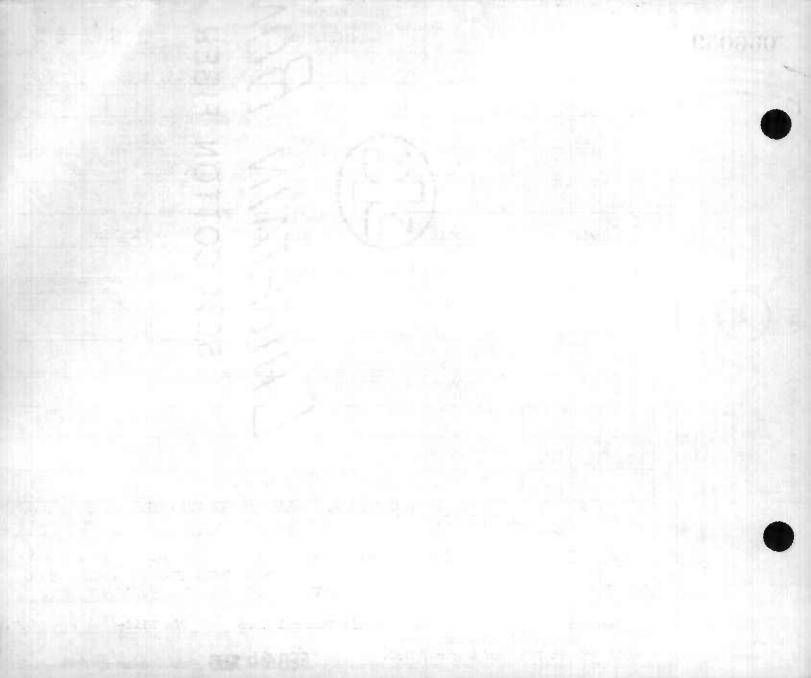
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN OF ESTI-18 CHristopher WESTBrooks hn 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR DATE MONTH LAST BIRTHDAY) PRONOUNCED 60 2 5 YRS 20 DEAD N. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X OREIGN COUNTRY) United States Pennsylvania WIDOWED [ DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Buver Gaithersburg Parking lot of 11811 Clopper Road Electronics USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY BALTIMORE, MD. 2120 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery 18803 Poppy Seed Lane/20874 Germantown YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alton Westbrooks Regina P. Manley 17 INFORMANT ADDRES 408 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Jones Lane No Regina P. Westbrooks, Darnestown, MD 086-56-3226 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NOX X 3 SHOULD BE DEPARTMENT B 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autopsy Inspection TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALLIMORE, MARYLAN death resulted fram: Accident Homicide Natural causes Undetermined manner EXAMINER'S NAME TYPE OR PRINT 730.BURIAL CREMATION, REMOVAL 236 DATE (SPECIF Burial Feb 23d LOCATION Feb. 22, 1986 Gate of Heaven Cemetery Silver Spring, Maryland BP 07/84 25M 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA | 250 DATE REC'D. BY REGISTRAR | 250. REGISTRAR'S SIGNATURE **DHMH - 17** me ment was and and many 300 West Montgomery Avenue Rockville, MD 20850 (VR A15 ME (5))



4217 9th St NW: Washington, D.C.

(VRA 15, 4)



RICHARD RAPP, INC.

1804 T ST., N.W., WASHINGTON, D.C. 20009

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH . 16 60M:7/84

(VRA 15. 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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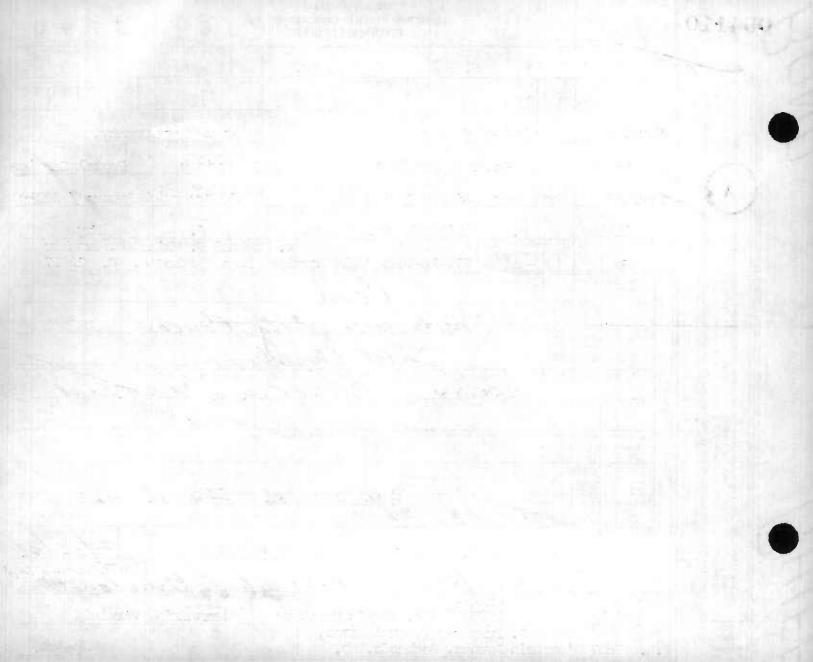
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3/100	10 C	ITY OR TOWN OF DEATH	I IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET	NG HOME C	R OTHER INSTITUTION	12a USUAL OCITYPE OF WORK FO	R MOST OF WORKIN	GLIFE) INDUSTR	OF BUSINESS OR
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be execu			RMED FORCES?	None	JRITY NO.	Augustus J. Wi	lliams,			Sierra Leo Road
physicia physicia on poperi emoval.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Respiratory and Hepatic F								APPRO BETWEET	Weeks
NG PHYSICIAN: The law requires that the death certificate be execu attending physician.  After this certificate has been signed by the attending physician and a state buriel-transit permit. Then please remove carbomopopers. Pages the and Mental Hygiene prior to burial, cremation, or removal.  asked or item 18 shows any injury, or other traumatic event, themedical	DUE TO, OR AS A CONSEQUENCE OF						cancer	4/4	10	months
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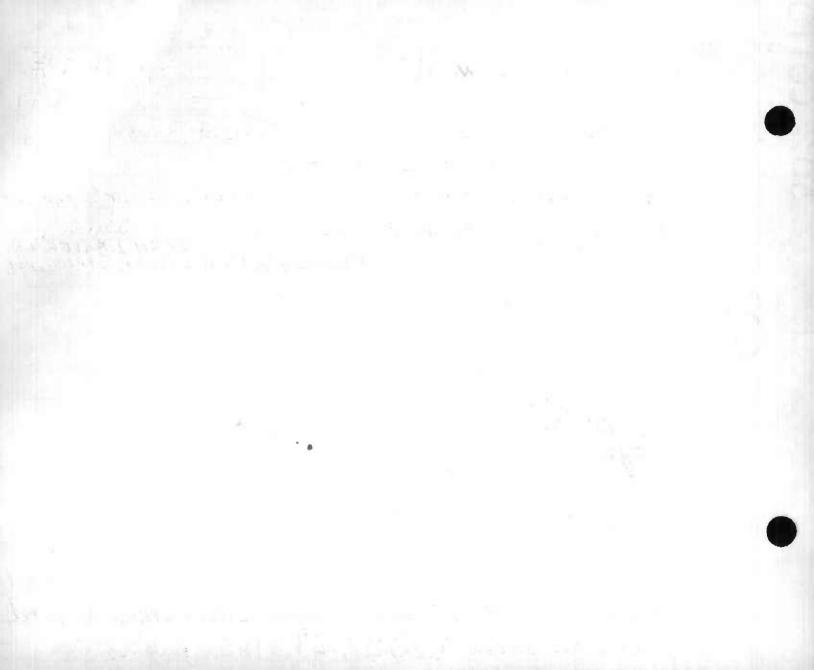
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eath cert tending e corbo on, arra	7	Conditions, if any, which	DUE TO: OR AS A CONSE	OMENCE OF LINES	: The	into		5d	an	T
of the d	H	gave rise to immediate couse ial, stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCE OF	2777110	14 1	Ch		- 1-9	
quires the	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEAS	E OR CONDII	ION GIVEN	IN PART III	P.	
n. hos be	CERTIFICATION	19E DATE OF OPERATION	16 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	70e AUTO	NOT	N CERTIFYIN YES T	IG CAUSES	OS USED OF DEATH	H?
CLAN The physicion thin transfer and the physicion that the physicion that the physician that the physician that the physician transfer and t		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MONTH			-			NO [	
3 PHYSK iffending for this cei the buric and Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	19 21f LOCATION ICE, FARM, ETC.) STREET		CITY OR TOWN		COUNTY	ST	TATE
TENDING stol or of OR: After or use as		220.1 certify that () (this has	spital) attended the deceased fro	om 19 10 ond that in/my/(our) opinion	, to	d on the date	ond hour on	26. I		ve) lost
the hosp the hosp L DIRECT toched the e Dept		22b. SIGNATURE	with the Body ofter death.	DEGREE ATTENDING	MEDICAL	STAFF		221. DATE :		21
TO HOSPITAL TO FUNERAL Should be det with the Store		22d. PHYSICIAN'S NAME YIVE	e or printile character	22e ADDRESS	DETRECTOR	PHYSICIA	1	SCIL	11 70	6
Of Or odd	23a F	PRIAL, CREMATION, REMOVA	0 5	NAME OF CEMETERY OR CROMATORY	23d L9C	ATION OR JOYA		DANIA	0/5	iate ,
DHMH - 16 60M 7/84	24 54	INERAL DIRECTOR	Primar of the ADDRE	Zillo IIII.	TE REC'D. BY R	EGISTRAR 25H	REGISTRAF	ES SIGNAL	Bindell	2



FOR STATE REGISTRAR  EASED NAME FIRST  PRENT   FIRST  THELACE (STATE OR FOREIGN DUNITY).	R MIDDLE	CERTIFICATE OF DEATH  LAST  S. DATE OF BIRTH  MONTH   DAY O YEAR	REG. N	2 11 S	YEAR   21	HOUR-
Make THPLACE (SLATE OR FOREIGN	e Bentowy	S. DATE OF BIRTH	20 DATE OF DEATH	2 11 S	0/10	
Make THPLACE (STATE OR FOREIGN	RACE		6. AGE LIN YEARS LAST BIR			
	Distra			MONTH		F UNDER 24 HRS.
DUNTRY). 4	Th. CITIZEN OF WHAT COUNTRY?	MONTH (DAY) 86	9 BALTIMORE CITY C	YRS OR COUNTY OF D		3/1
lary land	USA	MARRIED NEVER MARRIED L	Montgo	omen	1	М
YOR TOWN OF DEATH	UF NOT IN SUCH FACILITY GIVE STREET	ADDRESS) HOSPITAL	TYPE OF WORK FOR MOST C		ZIMIKIND OF B NDUSTRY	BUSINESS OF
ALE BUCOUN	TY 13c CITY OR TOW				r"3,	1209
	AIDDLE B-LAST	M & FIRST	AME MIDDLE	6	1 HAST	
			ADES	824 1	-ANI	ERD
S, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	MELISSA	WILSON 3	IVER	SPR	ING M
18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y ane cause per line for (a), (b), and	d (ci.)	1	-	APPROXIMA BETWEEN ON	SET AND DEATH
IMMEDIAT	E CAUSE 10) DRVEYE	aprea & By	acy car de	5		
Conditions if any which	**9	1- 1				
gave rise to immediate cause (a), stating the underlying cause last	10)	NCFOF	Ti ty			
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO E	SEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN	PART Ito	
90 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	G CAUSES OF	S USED F DEATH?
OR CONTRIBUTING CAUSE OF DEA		AY YEAR	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 C	OR PART 2)	
21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TO	OWN C	COUNTY	STATE
AT WORK - AT WORK	of) attended the deceased from_		, to		, the	at (I) (we) to
sow the deceased alive on above, (I) (we) (did) (did not	) view the body after death.	, and that in (my) (our) apinio	n death accurred on the d	ate and hour and	I cam the ca	uses stated
22b. SIGNATURE		DEGREE	MEDICAL STA		22c. DATE SIG	GNED
Georgis G		PHYSICIAN	DIRECTOR   PHYSIC	CIAN	2-11-	80
Georgis	Cy Kefale		EAN Rd.	Silver	Spri	ng.1
	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	234 LOCATION	0		CTATE
JRIAL, CREMATION, REMOVAL	2 1-01	1	CITY OF TOWN	1 01. 59	UNITY IA	Samuel Allege
URIAL DIRECTOR	2-15-86 G	ATE OF HEAVE	N SINER	SPRIN	6 Mo	MT.
	AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter onl PART 1. DEATH WAS CAUSE  [IMMEDIATI  Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last  PART 2 OTHER SIGNIFICANT C  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (1/6 EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE AT WORK  220. I certify that (I) (this hospit sow the deceosed alive on above, (I) (we) Idid) (did not) 220. SIGNATURE	THER'S NAME PIRST  AS DECEASED EVER IN U.S. ARMED FORCES?  AS DECEASED EVER IN U.S. ARMED FORCES?  TO OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE ID)  DUE TO, OR AS A CONSEQUE  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE  190. DATE OF OPERATION  191. CONDITION FOR WHICH  (IF EITHER NOTHY MEDICAL EXAMINER)  210. INJURY OCCURRED  AT WORK  AT WORK  210. I Certify that (1) (this hospital) attended the deceased from sow the deceased alive on the deceased alive on sow the deceased the sow the deceased the sow the deceased the sow the deceased the sow the sow	THER'S NAME  HER'S NAME  MCHER'S NAME  MCHER'S NAME  HER'S NAME  HER'S NAME  MCHER'S NAME  HER'S NAME  HOLL'S AND NAME  H	THER'S NAME  THENDING  THER'S NAME  THE THER'S NAME  THER	The county   136, CITY OR TOWN   136, CITY OR TOWN   136, INSIDE CITY LIMITS?   136, STREET ADDRESS / ZIP CODE   147, CITY OR TOWN   157, MODILE   157, MO	THER'S NAME  THER'



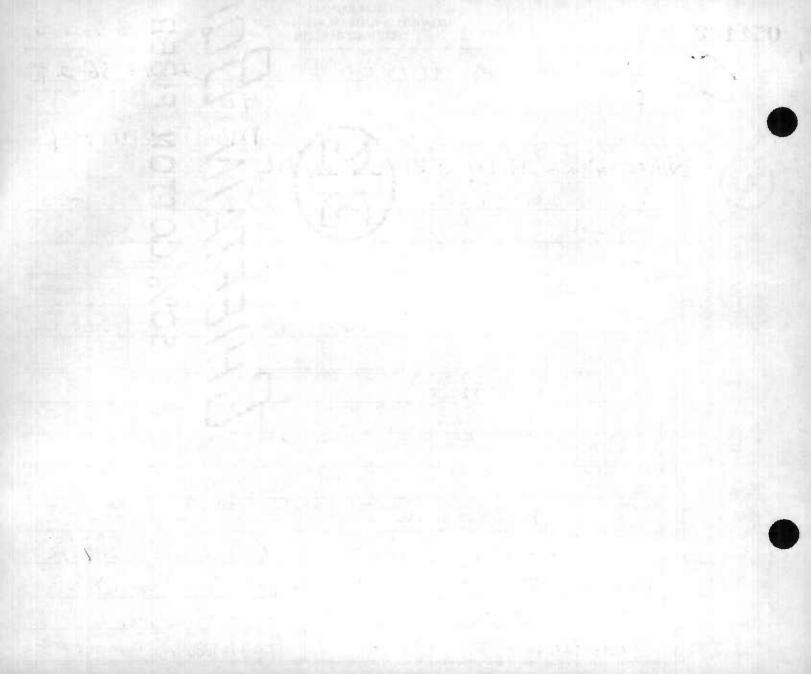
FOR STATE

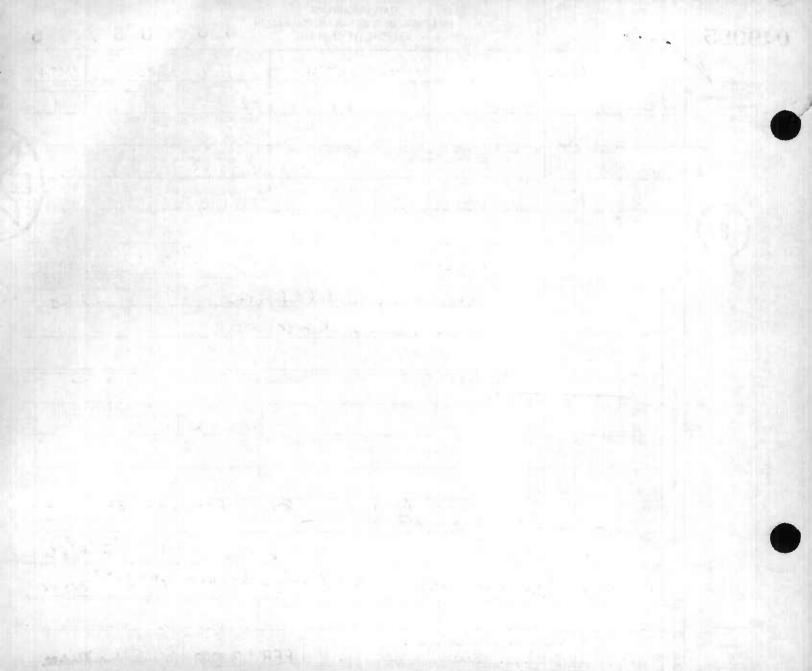
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6 REG. NO.	0	5	1	9	
	KEG. NO.					

051132	1 -	FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 6	05795
o page 3		CEASED NAME FIRST HARLOH	e m	UISE 5. DATE OF MONTH	BIRTH	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR  2 - 17 - 86 3 3 M  OTHORY I VEAR IF UNDER 24 IRS  MONTHS DAYS HOURS MIN,
r death Tage human direct within 72 hours	Vi	rginia	White 76. CITIZEN OF WHAT COUN USA 11. NAME OF HOSPITAL, NI	MARRIED WIDOWED JRSING HOME OF		MONT	PR COUNTY OF DEATH  ON 12b. KIND OF BUSINESS OR
	13a. S	TATE 136 COUN MON	t. I3c. CITY OR S.S	BEFORE ADMISSION),	HOSPUHAL  134 INSIDE CITY LIMITS?  YES NO 1	Houses 10709 W	wife INDUSTRY wife Oods Dale Drive
on competence of		UNKNOWN VAS DECEASED EVER IN U.S. ARA	WAR OR DATES)	SECURITY NO.	Jane 17 INFORMANT	ADDRE	Page Page Page Page Page Page Page Page
has the death certificate to by the attending physician are remove calibon appears. Extremetion, or removal other traumofic event, the		Canditions, if any, which gave rise to immediate couse (ol. stating the underlying cause last	y one couse per line for (a), (I) D BY: E CAUSE (a) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS	EOUENCE OF	argoni menda-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3620
The low responses that he has been signed to permit Their ple some operations to burst ones only divery, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	Tu		200 AUTOPSY?  YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
G PHYSICIAN I attending physics to the central transit to the central transit formal Hyginal and Mental Hyginal and Mental Hyginal and them [8 s)	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED  WHILE AT WORK AT WORK		DAY YEAR	211. LOCATION STREET	RED (ENTER NATURE OF INJUI CITY OR TO	
OR STENDING OF DORESTOR AN orchest for outside Dept of Health III III III III III III III III III I		220.1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	72617	19 <b>SC</b> , and		death accurred an the do	that (I) (we) lost are and hour and from the causes stated
TO HOSPITAL retained by 4 TO FUNERAL should be det with the State WITHE State	23a B	1224 PHYSICIANSNAME (TYPE IN  BLAINE H  URIAL, CREMATION, REMOVAL	E I G		PHYSICIAN [220 ADDRESS 9 PO   Dang		
8P	(	Burial	2/20/86		ton Cemeter	ry Arling	ton, Va.
DHMH - 16 60M 7/84 (VRA 15, 4)		nes/Rinaldi	silver Spr		FI FI	EB 1 8 1986	256. REGISTRAR'S SIGNATURE





## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

		CEASED NAME	FIRST	A	AIDDLE		LAST	20. DATE OF DEATH	MONTH DA	YEAR	2b HOUR	
	(TYPE	OR PRINT)	Robe	at LI	ewe	114n L	WRIGHT	Feb	22	, 1986	10:00 A	
	3. SEX	X		4 RACE	- 1-,	5. DATE (		6 AGE (IN YEARS LAST 8		UNDER I YEAR	IF UNDER 24 HRS	
		mare	V	CAUCA	HSIAN	NON		82	YRS	ONTHS GATS	MOURS MIN.	
1	7a BII	RTHPLACE (STATE OF	R FOREIGN	76. CITIZEN OF	WHAT COUN	VTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	FDEATH		
1		11/11/015		u.	S.A.	WIDOW	_	monty	omery	COU	174, MD.	
(	O CI	Be the 1		(IF NOT IN SUC	H FACILITY, GIVE	URSING HOME ( STREET ADDRESS)  DRIVE	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Attorney			Gov't	
6	13a S	AL RESIDENCE (IF NUI	136 COUN	TY	13c. CITY OF		134 INSIDECITY LIMITS	? 13e STREET ADDRESS	/ ZIP CODE			
1		Md.	Mont	gomery	Beth	esda	YES NO	7927 Dee	owell D	rive	20817	
1		Frank	L.	AIDDLE	Wri	_	Catherine	NAME		Tob	in	
		VAS DECEASED EVE				SECURITY NO.	17 INFORMANT	ADD	RESS			
		VD.	(IF YES GIVE	WAR OR DATES)	320-	10-9479	Mrs. Eli	zabeth K. W	right -	Same	as #13	
		18 CAUSE OF DEA	TH Enter onl	y one cause per	line for (a), (	bi, and ici.				APPROX BETWEEN	MATE INTERVAL	
Н		PART I. DEATH		D BY. E CAUSE (a)	Tsch	emic	Cardiomi	opethy		130	laus	
9		A 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Trivile Divivi			SEQUENCE OF					-	
		Conditions, if an	y, which	( 1b) A	m T-PRI	OSCIER	OTIC HEAD	27 DISE 15	E	10 5	Yeaks	
		gave rise to in	nmediate							1		
		underlying caus		DUE TO, OF	RAS A CON:	SEQUENCE OF						
		PART 2 OTHER SIC	GNIFICANTO	ONDITIONS CO	NTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OR CO	NDITION GIVE	N IN PART 1	a	
	20	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE Chronic Congestive Heart Failure.										
	AT				ITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES.,	ES, WERE FINDINGS USED		
4	CERTIFICATION		-					YES NOT	YES.		NO	
7	CER	210. ACCIDENT WAS U		21b. TIME O			21c HOW INJURY OCC	URRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	T I OR PART 21		
		OR CONTRIBUTING	,	HOUR A./	M. MONTE	H DAY YEAR						
1	MEDICAL	21d INJURY OCCUI		21e PLACE C	OF INJURY		211 LOCATION					
	M	WHILE NOT V	ORK	(ATHOME STR	EET, FACTORY C	OFFICE, FARMLETC )	STREET	CITY OR I	OWN	COUNTY	STATE	
		22a.1 certify that (		all attended the	e deceased l	from Feb	. 19 19.86	e to Feb	22. 15	86	that (1) (wer last	
		saw the decea	ised alive an	Feb.	20	19 86 . 0	nd that in (my) (auc) apını	an death accurred an the	date and haur c			
		226. SIGNATURE	toro (cae	view the oddy	arrer degrin.		DEGREE		1.	22c DATE	SIGNED .	
		Jones a Rosai MD M.D. ATTENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN									22-86	
		220 PHYSICIAN'S	AME STYPE OF	PRINT)		The Letter			LVD.			
		JAMES	5 A-	ROSSI			ROCKVIL		(CHU)	208	52	
	23a B	SURIAL, CREMATION				23c NAME OF C	EMETERY OR CREMATOR	23d LOCATION				
	. (	SPECIFY) Remova	al	2/22/	/86			CIIT OK TOWN		COUNTY	STATE	
-	24 FL	JNERAL DIRECTOR				DRESS. **	1 4 4 4	DATE REC'D. BY REGISTRA	R 156 REGISTRA	AR'S SIGNAT	URE	
			Anatom	Board	ADD	Balto.	, Md. MA	NK-04 1988	fed when	de P	indelle i	

Anatomy Board

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)52064	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 5 / 9 8							
m 4		CEASED NAME FIRST	MIDDLE	t	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR		
poge 3		Phil	Lip	Yellin		02 05	86	2.46AM			
I mo	3. SE		4 RACE	MONTH DAY YEAR			6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.				
oge v		Male	White	Jan.	. 9, 1913	73 YRS					
h. Poldi	71	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	DXXNEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH			
deot uner hin 7		ew York	U.S.A.	WIDOWE		Montgomery			MD.		
frer the f	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE)	NDUSTRY	F BUSINESS OR		
by the	1	AL RESIDENCE (IF NURSING HOME O	Montgomery Ge	neral	Hospital	Tool&Dye Ma	ker (Ret	.)H.S	.Tool&Dy		
4 hour	130	STATE 1136 COL	INTY 13c CITY OR TOW	[MOICEIMUR 3	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		1 . 1	D (0000)		
show show	_	aryland Mont	gomery Olney		YES X NO \( \big  \)	18023 Que	n Eliza	abeth	Dr. (2083)		
with md 2		FIRST	MIDDLE Valling		FIRST	WIDDIE		EAST	1		
per la	160	David WAS DECEASED EVER IN U.S. A	Yellin RMED FORCES?   166 SOCIAL SECU	IPITY NO	Ida 17 INFORMANT	ADDR•	St	Pinsk			
ond	100		102-05-0				Iney, N				
cion Cion Frem		<del></del>			Sylvia Yelli	11; 10023 Que	en em		MATE INTERVAL		
a de la		PART I. DEATH WAS CAUS	A		myocarduce (	intareturi			OCCCO		
E Balan		IMMEDIA	THE CAUSE (O)								
O W S		Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF							
he en	+	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENICE OF							
by t ose r il, cre	1	underlying couse lost.	DOE TO, OR AS A CONSEGO	ENCE OF							
gned n ple burio ry, oi		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CON	DITION GIVEN	IN PART 110	3		
The The injurity	O.	Salania I 70	Renal								
s beer s being s any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W				
The cran.	I E	February 2, 19		AC 174		YES NO	YES [		NO 🗆		
ANS: Shysis shys		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)			
rSICI ring p cert cert virial Aente	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19	20 LOCATION		- 13 -				
PH) tend the b ind A ind A	ME	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE I	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
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OR: USE		sow the deceased plive o	n February 4 19		nd that in (my) apprior of			d from the c	that (I) (wellast		
RECT RECT Ppt. o ppt. o		obove, (I) (we) (did n 22b, SIGNATURE	ot) view the body ofter death.		DEGREE			22c DATE			
Y the OF AL OF AL DIS detoch of De De UT. If h		10	Jarry Deels,	M.D.	ATTENDING PHYSICIAN D	MEDICAL STAF	F IAN []		usey 5, 1980		
SPII ed b UNER d be RTAN		22d. PHYSICIAN'S NAME (TYPE		1	22e ADDRESS						
O HOS Fronted Formula be with the		L VA	DRY HECHE		3924 FERNA	tha Drive	WHEATON	V.1-10	20906		
F 2 5 5	0.0					1.01.1000.210.1					

BP. DHMH - 16 60M 7/84

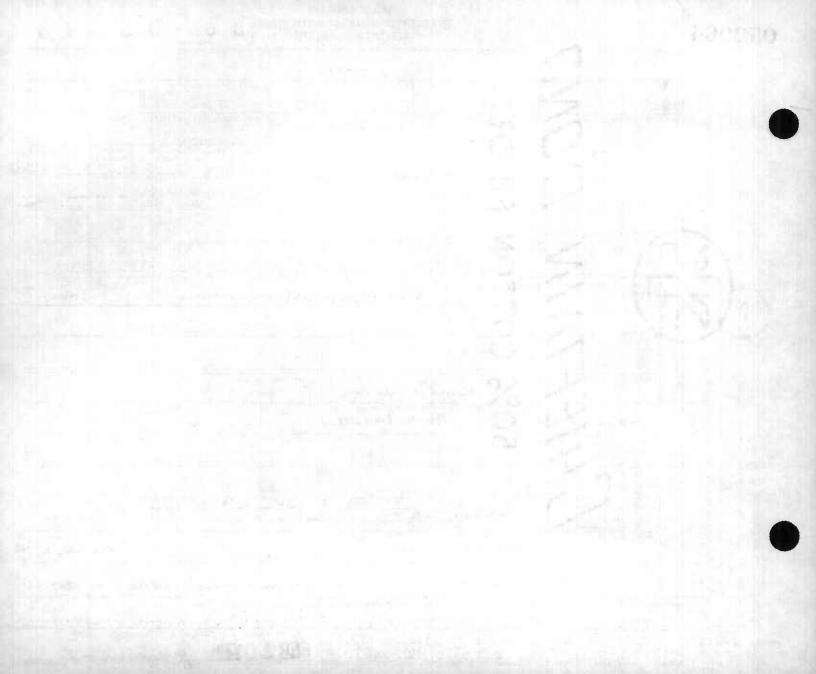
(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 236 LOCATION Feb. 7,1986 Judean Memorial Gardens Olney: Montgomery: Maryland 24 FUNERAL DIRECTO DANZANSKY-GOLDBERG MEMORIAL CHAPELS

23c. NAME OF CEMETERY OR CREMATORY

1170 Rockville Pike; Rockville, Md. 20852



OCCOOR	100					OF MARYLAND				
066085	1 -	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYGICATE OF DEATH	6 6	G. NO. 0	5 7	9 9
noy be page 3		CEASED NAME OR PRINT) LIII	" IA ITAM	SSEYMANT	S. DATE O	Yorke F BIRTH	Febru		1986 IFUNDER 1 YEAR	125 p M
ctor, p		Female	Whit	e	Jan	. 24, 1909	77	YRS.	MONTHS DAYS	HOURS MIN.
Pog dire		RTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	В.	□ NEVER MARRIED □	9. BALTIMORE C	TY OR COUNT	OF DEATH	
in 72	1	New York	USA		WIDOWE		Montgo			MD.
by the fu		TY OR TOWN OF DEATH  Rockville	SHADY	GROVE F	DUEN POLEN	ROTHER INSTITUTION	120. USUAL OCCU (TYPE OF WORK FOR A Recept:	AOST OF WORKING LI	FE) INDUSTRY	f BUSINESS OR  ln Ctn.
in 24 hau ly filled in should be	13a. S	NY	OME OR OTHER INSTITUTION COUNTY	New York	N	13d. INSIDE CITY LIMITS? YES <b>X</b> NO [		58h St.	1/10022	199
± 52	M. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	DIE	LAS	
comple	IAn V	George VAS DECEASED EVER IN U.	S ARMED FORCES?	Wasserm		Pauline 17. INFORMANT		DDRESS	Klime	r
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hysical production of the prod		18. CAUSE OF DEATH (En	ter only one couse per AUSED BY: EDIATE CAUSE (o)	r line for (o), (b), and	101	- LUNG	CARCIA	Inna A	BETWEEN O	MATE INTERVAL ONSET AND DEATH
equires that the dear n signed by the otten. Then please remove at to burial, are other trauma	NO	Conditions, if ony, whit gove rise to immedia couse (a), stating the underlying couse to PART 2. OTHER SIGNIFIC.	ch (b) DUE TO, C		NCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR		VEN IN PART 110	o'
ne law non.	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERTI	S, WERE FINDIN FYING CAUSES ES []	OF DEATH?
SICIAN: The physical certificate entol-transit term 18 shall be provided by the physical strains of the physical strains and the physical strains and the physical strains are provided by the physical strains and the physical strains are physical strains are physical strains are physical strains and the physical strains are physical strains and the physical strains are physical strains and physical strains are physical stra	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER, NOTIFY MEDICAL EX.	OF DEATH HOUR A	.M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	DE INJURY IN ITEM 18	PART 1 OR PART 2)	- Brand
offending offending ter this of the burn hond Me	MEDI	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC }	211. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
TTENDIP putof or TTOR: At for use of Health		22s.1 certify that (1) There saw the deceased of above (1) in a same of the sa	2 /16	deceased from19	6// 76. or	d that in (my) ( ppinion	deoth occurred on	the date and ha	or and from the	that (I) ( lost couses stated
by the hos by the hos ERAL DIREC e detoched State Dept.		77% SIGNATURE	Ach	e	M	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN 🗌	2/1 2//	7/8
HOSPITAL Direct by 11 O FUNERAL Did be det h the State	Y	Cor 1 1.	Schoe	aberga		170 / Ra	endolph	Ry	Rockul	k
199999		BURIAL, CREMATION, REMO SPECIFY) Burial	2/18,	/86 We	ellwoo	emetery or crematory od Cemetery	23d LOCATION CITY OR TO Farm	ingdale	New Yo	STATE STATE
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FOR STATE

## STATE OF MARYLAND

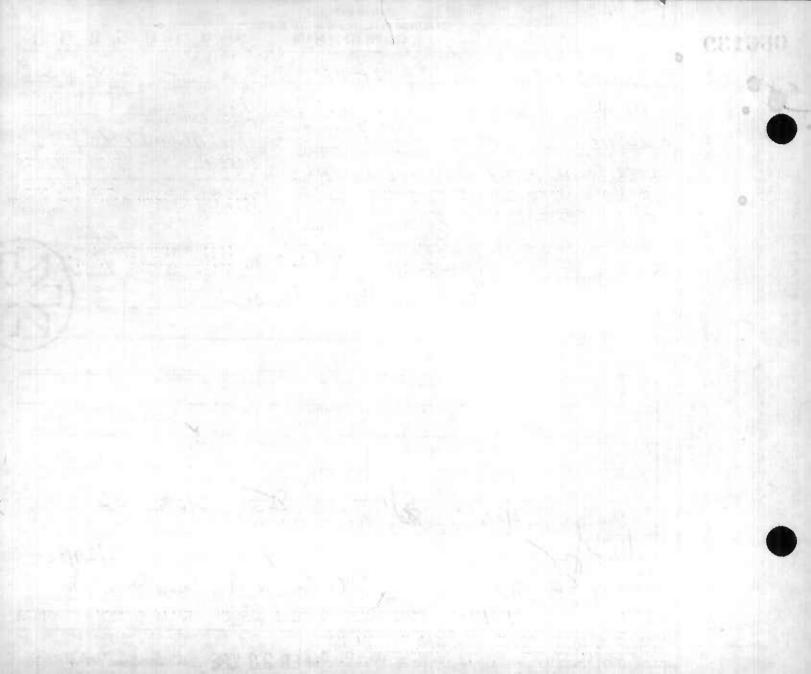
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 REG. N	10.	5	8	0	0
OF DEATH	MONTH	DAY	YEAR	2h HOU	JR

	100	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0 0	UU
		CEASED NAME FIRST	WIDDLE	t.	AST .	20 DATE OF DEATH "	MONTH DAY YEAR	2h HOUR
	(1177	MICHAE	Lm	7	ASH	f 4 4	2 23 86	4.30 M
	3 SEX		RACE	5. DATE C		& AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
		M. ALE	WHITE	MONTH 12	25 10	75	YRS.	HOURS MIN.
7	7a BI	RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUN	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
-	R	USSIA	USA	WIDOWE	/	MONTG	OMERY.	MD.
	10 CI	ITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, N	URSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATIO		OF BUSINESS OR
3	SI	ILVER SPRING +	HOLY CRI	SS Ho	SPITAL	SALESMAN	"#00D	PRODUCTS
200	13aM	ARY LAND 13MONTG		BEFORE ADMISSIONI	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	20902
2			JOMERY SILVE	N SINING	YES XX NO []	1131 UNIVE	RSITY BOULE	VARD, WEST
X	14. FA	ATHER'S NAME	DDLE		15 MOTHER'S MAIDEN NAM	WE	11/21/	\$ 4/
U		JACOB	ZAS		YEDASHA		NOV	
	. (2		WAR OR DATEST	SECURITY NO.	SARA 1 7A	SH 1131ADUN	EVERSITY BL	VD., WEST
	N	0	090-0	5-8683	CHILA ET CH	SH, SILVER	<u>SPRING, MAR</u>	YLAND
		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per the for 101, ( BY  CALISE (-)		L. E.		BETWEE	N ONSET AND DEATH
		IMMEDIATE						
		Conditions, if ony, which gove rise to immediate						
		couse (o), stoting the						
		underlying couse lost						
	7	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	10.
	E I							
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
1	RT					YES NO	YES 🗌	NO []
2	_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	Part Land			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY O	OFFICE, FARM ETC )	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
	-	AT WORK NOT WHILE		01.	Or	1	2 01	
		non-a see at a chical transaction	to a seculated also decreased to		10	117.		
		220 I certify that (I) (this hospital	1) divertided the deceosed i	VI al	, 19		7 1900	, that (I) (we) lost
		sow the deceased alive on	423	19 80 . or	nd that in (my) (our) opinion o	death occurred on the dat	e and hour and from th	,
		sow the deceased alive on	423	19 80 . or	DEGREE		22c DAT	,
		sow the deceased alive on	423	19 80 . or	DEGREE ATTENDING PHYSICIAN		22c DAT	e couses stated
1		sow the deceased alive on	423	19 80 . or	DEGREE ATTENDING &	MEDICAL STAFF	22c DAT	e couses stated E SIGNED
1	1	sow the deceased alive on	423	19 80 . or	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c DAT	e couses stated E SIGNED
/		sow the deceased alive on add (did not).  The signature  NA PHYSICIAN'S NAME TO BE	423	. or	ATTENDING PHYSICIAN ADDRESS  ADDRESS  EMETERY OR CREMATORY	MEDICAL STAFF	IND 2/2	e couses stated E SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

DONALDEMOR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

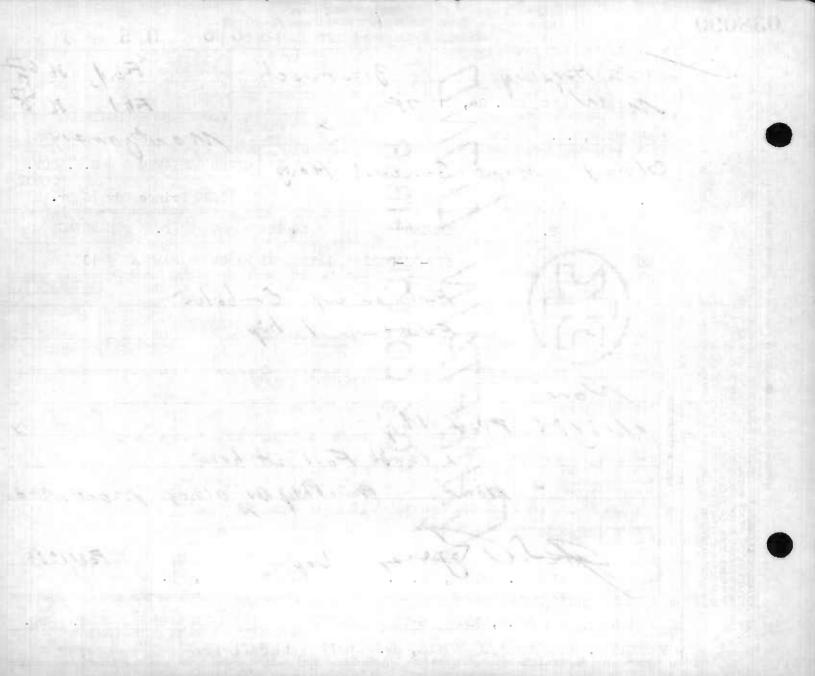


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		SED NAME	FIRST		MIDDLE		LAST		20 DATE C	F DEATH	HINOM	DAY '	YEAR	2b HOUR
nay be page 3	(TYPE OR	Ale	~	7	1	7,0	219,995			5 - E	25-8	6		055QM
y pag	3. SEX	1110		4. RACE			OF BIRTH			YEARS LAST BIRT		IF UNDER	1 YEAR	IF UNDER 24 HRS
4 00		Male		T <sub>2</sub> 70 <sub>0</sub> d	:+0	MONT		YEAR	3	72		MONTHS!	DAYS	HOURS MIN.
Pogo dire	7a. BIRTH		FOREIGN	7b. CITIZEN OF	ite	Mar Mar	cu ii	1913		ORE CITY O	YRS	OFDEA	TH	
4 22 of 2 2 of 2		NTRY)	TOKEIGIA		,	MARRIE	D NEVER N		DALITIM	DRE CITT OF				
op 5 L	M CITY	Pa.	ATL	U.S.		WIDOW		ORCED	12. 1101141	OCCUPATION		tgome		MD.
4 43 6/6				(IF NOT IN SU	CHEACILITY, GIVE	JRSING HOME	OR OTHER INST		(TYPE OF WO	RK FOR MOST OF	WORKING LI	FEI INDL	JSTRY	BUSINESS OR
201	2	Rockville						401	Bldg	. Cont	racto	or Se	elf-	employed
1 P P P P P P P P P P P P P P P P P P P	USUAL F 13a. STA	RESIDENCE (IF NUR	13b. COUN	RÖTHER INSTITUTION	13c. CITY OR		113d INSIDE CI	ITY HAUTS?	13e STREET	ADDRESS /	ZIP COD	F	91	1871
BALTIMORE, MARYLAND see be executed within 24 lician and campletely fille ers. Pages 1 and 2 strough it, the medical exonormals	5	Md.		tgomery	Germa			NO 🗌	1263	O Grey	Eag	le Ci	4	99/7
rely rely	14 FATH	ER'S NAME			- 1100			MAIDEN NA	ΛE					
AAR S OU S	1	Anthony		MIDDLE	Zigg			erst nna		WIDDLE		1	Buni	e
Cote Cote	160 WAS	DECEASED EVER	R IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMAL	A SERVICE STREET	72	630°04	SS TO-	- Clo	CT	<i>#</i> 17
AOR and boge	{YES	NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	7667	0.000	Amm C	7:						
be be		No	1	-		0-2025	Ann S.	. Ziggs	S G	ermant	own,			
BA	18.	PART I. DE ATH V	TH (Enter or	nly one couse pe	-	7/	m		and	100/	tra	BE		NATE INTERVAL
ST.				TE CAUSE (o)	ar	~	20	000	-	rigo			de	
				DUE TO C	OR AS A CONS	EQUENCE OF	1	1 1						
RESTON death or or o	C	onditions, if any	y, which	(6)		,	45/7	10				1	n.	>
Z 1111		ove rise to im		SUL TO	OR AS A CONS	FOLIENCE OF				100		1		
by to athe		nderlying cous		DUE 10, C	JR AS A CONS	EQUENCE OF						116		
201	D/	ART 2. OTHER-SIG	NIEIC ANT	CONDITIONS C	ONTRIBILITING	TO DEATH BU	NOT BELATED	TO THE TERM	INIAI DICEA	SE OB CONI	DITIONICI	/ENLINED	ADT 1	
Sign Sign hen ha bi		12.	3	2	1	J TO DEATH BO	THO! KELAILD	TO THE TERM	IIIAL DISCA	SE OR COINE	JIIION GI	VEIN HAF.	AKI IIO	
DIVISION OF VITAL RECORD ING PHYSICIAN; The law requirent this certificate has been s as the burial-transit permit. The thin and Mental Hyguere prior to asked or them 18 shows any infile.	CERTIFICATION	DATE OF OPERA	ATION	19h CONE	DITION FOR W	HICH OPERATIO	N WAS PERFOI	PAAED	200 AUT	OPSY?	20b. IF YE	S WERE	FINDING	GS LISED
Se po	FIC	DATE OF OFER		17.00.10	, , , , , , , , , , , , , , , , , , ,	THE TOTAL THE	, , , , , , , , , , , , , , , , , , ,	NAME D			IN CERTI	FYING C		OF DEATH?
TAL The Closer	Ē	a. ACCIDENT WAS UN	IDEALURIO E	7 21b. TIME (	OF BUILDY		101 11011111	11101 0001100	YES [	ио[]		ES 🗍		NO 🗌
AN.	0.0	R CONTRIBUTING		110110		DAY YEAR	ZIE. HOW IN.	JURY OCCURR	ED (ENTERN	ATURE OF INJUR	Y IN ITEM 18	PART I OR P	ART 2)	
O SICI	_	IF EITHER NOTIFY MED	_		P.M.	19								
PHYSIC ending this cert burial d Mental d ar Item	G 21	INJURY OCCUR			OF INJURY	FFICE FARM FIC )	211 LOCATIO	N		CITY OR TOV	VN	COU	NTY	STATE
N of property		WORK NOT W	ORK				11	~			_	0	1	
A S S S S S S S S S S S S S S S S S S S	22	a I certify that (I	) (this hospi	ital) attended t	he deceased f		Short	. 19_	to	7-10		19	, th	not (I) (we) last
TTEN TOP TOP 1		sow the decea		ot) view he bod	mitter death	19 66 ,6	nd that in (my) (	( <del>cor)</del> opinion o	leath occurr	ed on the do	te and hou	or and fre	m the co	auses stated
RE A Post	22	SIGNATURE	0 (	Viewije odd	y offer deoffi.		DEGREE					224	DATE S	IGNED/
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TO HOSPITAL of retained by the TO FUNERAL E should be detained to with the Store E IMPORTANT. If		1/4 -	0	17			10				- 1	-		
F: - 4, 21	23a. BUR	IAL, CREMATION	, REMOVAL				EMETERY OR C		23d LOC	ATION		COUNTY		STATE
BP		Buria	1	3/1/1	86	Parkla	wn Cemet	tery		ckvill	e N	lonte		Md.
DHMH - 16 50M 4/83	24 FUNE	PLDIREGION	San	dison	316 E	ess Diamor	nd Ave.	250 DAT	REC'D. BY	REGISTRAD	256. BEGUS	RAR'S	SHAW	RP
(VRA 15, 4)	Gar	tner Sar	ndison	F.H.	Gaithe	rsburg.	Md.20877	MAK O	<b>3</b> 198	9 Jun	- www(a	CON TO		8
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	0000		STATE REGISTRAR CH	IARLES	MED	ICAL EXAMINI	ER'S CERTIFIC	CATE OF	DEATHO REGIOO	5 8 0 3
	112	1. DE	CEASED NAME	FIRST	HARDI	NGDLE	LAZIMM.	ISCH	OF ESTI-	
	PLEASE ECTOR. PHOURS STREET.	CE	arles 1	4211	No.	3	1 h.m.	sch	DEATH MATED	B. 1 1086 67
	RECTORNEL HOLL	3 SE)	1 4. RA	Mila	S. DATFOF BIRTH	YEAR LAST BIRTHDAY  1911 7 YRS	MONTHS DAYS	HOURS M	IN PRONOUNCED	INTH DAY YEAR
	CESSARY, PLEA VERAL DIRECTO FOR YOUR FILE WITHIN HOU	7a Bi	RTHPLACE (STATE OR	MIFC	DEC. 26,				DEAD FC	OUNTY OF DEATH
	NECES UNER FOR	W.	ASHINGTON,		USA	AT COUNTRY;	MARRIED NEV	/ER MARRIED DIVORCED	-	ramary M
	PAGE (	10 CI	TY OR TOWN OF DE	ATH		ITAL, NURSING HOME,	OR OTHER INSTITUT		CIVIL ENGINEER	U.S. GOV.
	A DE	USUA 13a S	L RESIDENCE (IF NIN	URSING HOME OR	OTHER INSTITUTION GIVE	E RESIDENCE BEFORE ADMISSIO	N) liza incincion	TV (INITC) 112	- STREET ADDRESS	20832
. 21201	ANC		MD.	MONT	GOMERY	OLNEY	YES X		17629 Prince	Edward Dr.
RE, MD.	ESTITUTE OF THE STATE OF THE ST		THER'S NAME CHARLES	F.	MIDDLE	ZIMMÏŠCH		OUISE	MAME D.	HARDING
BALTIMOR	JRS AFTER D. S. GIVE PACKWITH FORM	16a. V (Y	VAS DECEASED EVE ES, NO OR UNKNOWN) NO	R IN U.S. ARMI		579-32-002		TA ZIM	MISCH SAME A	S # 13
	A S S S S S S S S S S S S S S S S S S S	7	IR CAUSE OF DEA	ATH (Enter only WAS CAUSED IMMEDIATE	BY:	(ar (a), (b), and (c).)	n, 2v7	Co	who los	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	ITHIN 24 IN TEAN OF A LON AND A LON AND A LON AL HYGIEL REMOVAL		121			AS A CONSEQUENCE O	F ,	1.		
<u>a</u>	VITHI VCIL INER RANS TAL F		Canditians, if gave rise ta	immediate	(b)	FUZUT	well,	While		
201 W	XAMIN XAMIN XAMIN XAMIN N, OR		cause (a) statin		DUE TO, OR A	AS A CONSEQUENCE O	F			
	XECUTE IG" IN 'AL EXA BURIAL AND M ATION,		PARI 2 DTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMIN	AN DISEASE OF COMPITION	CIVEN IN DART 1	16	
RECORDS	BE EXE ENDING MEDICA AS A BI ALTH A CREMA	Z	11	one		TO THE TERMIN	THE DISEASE OF CONDITION	OITEN IN FART I	10	
L RE		AT	190 DATE OF OPER		19b. CONDITI	ON FOR WHICH OPER	TION WAS PERFORA	MED?		20 AUTOPSY?
VITA	SHOULD WORD "P WORD" P SE USED WI OF HE BURIAL	CERTIFICATION	1/18	188	アンシュ	A. 1410				YES NO NO
DIVISION OF VIT	A HE SHED IN		UNDERLYING CONTRIBUTING	0010	21b. TIME OF HOUR A.M.	MONTH DAY YEAR	21¢ HOW INJURY	OCCURRED (	ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
SION	FP S S S S	MEDICAL	CONTRIBUTING [		ZIe PLACE O	FINJURY (ATHOME	21f. LOCATION	21	hone	
2	WRITIN WRITIN WRDED AGE 3 S AGE 3 S TE DEF	ME	WHILE NOT		STREET EACTO	DRY, FARM, ETC.)	STREET PI	1	CITY OR TOWN	COUNTY STATE,
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	A STANTANT		death resulted from		I causes	ribed abave, held an Suic	Autapsy ,	Inspection	Undetermined manner	my apinian
	ERTIE BINE ARRIA		dealit resolled trai	Natural	Cooses II.	3010	TITLE (SF		Undetermined manner,	
	ALECCE OF THE COLOR OF THE COLO		ACTUAL	at -	401	aper	M.D. D	N/	MEDICAL EXAMINER S	ATE CONTOR
	EDIC JTE T A SI NOR MOR	K	EXAMINER MAME	JOHN	S. ROGE	es, M. D.	5	ILVER	SPRING, MD.	1
	TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL A AFTER DEATH, BALIMORE, M	22- 6	(TYPE OR MINT)	DEMOVAL Lan	DATE		ADDRESS	DV I	22 LOCATION	
07:0:		230, B	URIAL, CREMATION, PECHY) BURIAL	REMOVAL 736	EB.4,1986		ETERY OR CREMATO F HEAVEN	RT I	CITY OF TOWN  SILVER SPRING	MONT. STATE
07/B4 25M	BP	24. FI	JNERAL DIRECTOR				]2			AR'S SIGNATURE
	DHMH - 17 (VR A15 ME (5))	F	RANCIS H.	BARBEF	R LAYTONS	SVILLE, MD.	20879	FEB (	05 1986	in place



(VRA 15, 4)

